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# CERTAIN ASPECTS OF THE SEPARATION-INDIVIDUATION PHASE

BY MARGARET S. MAHLER, M.D. AND MANUEL FURER, M.D.
(NEW YORK)

Study of the normal development in the separation-individuation phase (from the end of the first year through the second and third years of life) was suggested by the cardinal hypothesis concerning symbiotic child psychosis derived from Mahler's studies. This hypothesis states that in symbiotic child psychosis the biologically predetermined maturation of ego apparatuses, together with a concomitant lag in development toward emotional separation-individuation, is experienced as a catastrophic threat by the child in the symbiotic phase of development. There is a cessation of further ego development and fragmentation of the ego seems to ensue from the panic which the potentially psychotic child experiences when confronted with the task of separation-individuation.

Our study of normal infants, ranging in age from six to ten months to three years, has as its focus the elucidation of various aspects of the separation-individuation process. Most studies to date, based on reconstruction and direct observation, have emphasized the child's passive experience of being physically separated from the mother, and have correctly indicated the traumatic effect of this passive experience and its disturbing effect on personality development. From our experience, however, it would appear that the separation process of the child from the mother is the prerequisite for normal individuation. Normal separation-individuation makes possible the child's achievement of separate functioning in the presence of the mother while continually confronting the child with minimal threats of ob-

This study is supported by a grant from the Psychoanalytic Research and Development Fund. It is being carried on at the Masters Children's Center, New York, in collaboration with David L. Mayer, M.D., Fred Pine, Ph.D., and Herman Roiphe, M.D., and with the assistance of Anni Bergman and Edith Atkin.

ject loss. However, in contrast to situations of traumatic separation, normal individuation-separation takes place in the setting of a developmental readiness for, and pleasure in, independent functioning. The predominance of pleasure in separate functioning in the atmosphere of libidinal availability of the mother enables the child to overcome that measure of separation anxiety that seems to obtain with each new step of separate functioning. This is illustrated with particular clarity in the development of motor skills since these allow for active experimentation with separation and return.

Several aspects of the separation-individuation process have especially impressed us. First, in the symbiotic phase which precedes separation-individuation there does not appear to be a clear awareness of the body-self boundaries as separate from the mother. Toward the end of the first year there occurs tentative experimentation at separation-individuation, such as self-feeding, feeding of mother, and, later, peek-a-boo games. After many intermediate steps, toward the end of the third year this process culminates in a relatively stable differentiation of self-nonself, self-object, inside-outside, animate-inanimate. Second, the separation-individuation process parallels the maturation and integration of such autonomous functions of the ego as motility and language. Characteristic individual patterns of integrated functioning emerge from the circular interaction between the child's innate patterns involving these primary autonomous functions in such areas as signaling of needs and the mother's selective perception of and response to these needs.

## METHODOLOGY

Our aim in setting up this study of normal infants was to obtain material comparable to that already acquired from a therapeutic-action-research program of preschool-aged symbiotic psychotic children. We set up procedures in which each psychoanalytically trained worker, who also participates in the therapy project, observes the mother-infant interaction and interviews

the mother. This procedure elicits valuable material even from these normal mothers who are not motivated by a need for treatment. Evaluation of the material from these interviews in our research conferences has enabled us to focus our investigation on those areas that are most comparable to the material from the treatment group.

In addition to these interviews, the infants and their mothers are seen in a specially designed large playroom divided into the mothers' and the children's sections only by a waist-high partition. The mother's presence and interplay with her infant allows an optimal position for observing the normal separation-individuation process as it evolves. The infants and their mothers attend the group for several hours four mornings a week. Each week the mother is interviewed alone and also with her child present. The interviews with the mother alone permit us to assess her personality; the interviews with her infant present make it possible to evaluate various aspects of the mother-child relationship. Further, each research associate observes the particular mother and child he interviews as they participate in the group. Two participant observers collect clinical material of a general nature and also focus on specific behavior in the mother and child that the interview data has shown us to be particularly relevant to the separation-individuation at that time.

As our study progressed, we found that from the middle of the first year into the second year of life there was some evidence of an increased differentiation of the body-self in general and striking individual differences in the timing, quality, and hierarchy of the constellation of emerging ego functions in the infants. Among the many elements of the mother-child relationship in the early period of infancy we were especially impressed with the 'selection of cues' which appears to be important in the genesis and later development of the differentiated body-image and of individual characteristics. As illustrated in the clinical material which follows, we observed that infants present a large variety of cues to indicate needs, tension, and pleasure, and that,

in a complex manner, the mother selectively responds to only certain of these cues. The infant gradually alters his behavior in relation to this selective response in a characteristic way—the result of his innate endowment and the mother-child relationship. From this circular interaction, patterns of behavior, functioning, and certain over-all qualities of the personality of the child emerge. We seem to see here the beginning of the child as an individual, separate from his mother.

## I

Sara, a particularly out-going, well-endowed baby, and her mother, Mrs. Y, entered the group when the infant was in the second half of her first year. When tested at eleven months, Sara performed two months beyond her chronological age level in 'personal-social' development on the Gesell scales. Her communications[1] and signals were easily understood and similarly interpreted by all observers. The mother, however, although particularly devoted and closely attending, showed a peculiar inability to understand and respond in a natural and simple way to the baby's signals and to meet Sara's needs as her individuation progressed. If the child asked for something that the mother had not anticipated, Mrs. Y became confused. For example, one of the first things the mother recognized as a communication from the child was Sara's 'honking': Sara honked once and the mother swept her into her arms, explaining that she wanted to be picked up; when Sara repeated the same sound the mother explained that she wanted a cracker and gave her one; when Sara honked a third time, the mother appeared perplexed and asked an observer what Sara could want now.

A reaching gesture interpreted by the mother, according to her own state of mind, as a wish on Sara's part to be picked up one day, on the next day would be explained by the mother as Sara's wish to hold her hand as she learned to walk. The mother's

1 We are grateful to Sally Provence, M.D. of the Child Development Center at Yale University for her testing of these children.

interpretation of signals was modified depending on whether the child impressed her as a continuation of herself or as a separate individual. This mother, we predict, will continue to resist separation and yet maintain it as highly valuable, turning intermittently and suddenly to Sara for the direction of the baby's own care, always expecting Sara to function at a distance and yet as an extension of herself.

## II

Danny, just under thirteen months, had developed considerable ability to function independently, particularly in the motor sphere. This quality appeared to be fostered by the mother's striving for her children's independence,[2] her defense against impulses to hold and cuddle him, and her preference for communication through distance receptors—hearing and sight. During the weeks preceding the events to be described, however, Danny's expressed need for his mother had occurred more frequently and vociferously. He crawled scramblingly in the direction in which she disappeared, refused substitute gratifications in her absence, and bellowed in grief-stricken fashion on her return from brief absences. The mother continued to strive to have the little boy function independently despite his increasing frustration. She often refused contact, holding her hands above her head as he pulled at her skirt.

At age thirteen months, it was noted that Danny seemed more 'grown-up' and more boylike in that his relations to adults, other than his mother, and to children changed abruptly from transient, rather blank, eye engagements to long smiles of pleasure and seeming recognition. When this was brought to the mother's attention, she expressed no surprise but stated that he was 'grown-up now' as he had walked for the first time two days before. Subsequently, Danny showed much less separation anxiety.

In this case apparently the demand for separate functioning had exceeded Danny's capacity to function separately in the

[2] We had the older sister of this child in our group for two years.

mother's presence—that is to say, exceeded his capacity to control his degree of separateness by his own motor efforts. Learning to walk, therefore, brought a marked relief from separation anxiety; he was able to gratify a chronically frustrated wish toward the mother—to initiate physical contact—and the external and perhaps internal wish to comply with the mother's high values. Concomitantly the quality of Danny's relatedness seemed to imply that a new level of individuation had been achieved.

## III

Cathie, eighteen months of age, and her mother, Mrs. A, entered the group when the child was a year old. The mother's narcissistic pride in her child was of such a nature that she seemed to regard the little girl as an extension of her own self and, at the same time, as a wonderful semianimate doll. Within the limits of this type of relationship, Cathie was capable of a great deal of precocious, seemingly independent activity which, however, appeared to be somewhat skewed in the direction of achievement and performance rather than in pleasure in her activity. To an unusual degree this child was ready to approach any adult and elicit a strong, admiring response which seemed to serve the mother's narcissistic need. It was our impression that the precocious development of Cathie's ego functioning was perhaps enhanced and promoted by the mother's too exclusive preoccupation with her child (the father was serving in the United States Army abroad). We wonder about many aspects of Cathie's development, which we predict will continue to show precocity for a relatively long period; will the more mature object-related aspects of her ego functioning (the capacity for empathy and for reciprocity, for giving as well as receiving) catch up with this child's advanced autonomy or will it lag as a result of the relative exclusiveness of the mother-child interaction? We feel, on the other hand, that in this unusually well-endowed child, other aspects of her personality may develop and the mother's narcissistic pride may change

its form. The result could be a shift in the balance toward object-relatedness and a particularly rich personality development in Cathie.

## IV

Carl and his mother, Mrs. H, were first seen by us when the baby was four months old. Mrs. H is a vigorous, masculine woman, with a gruff, pal-like manner. As a child her physical activity had to be restrained because she was in the care of an elderly woman. She emphasized the fact that her husband is an athletically built man who has a great deal of enthusiasm. They were both very pleased that their first child was a boy although the mother recalled that for a few days she was concerned because the boy had inherited her own weak chin.

When Carl first entered the group at four months of age he had just been weaned. Whenever he was near his mother he tried to suck at any part of her body or clothing that he could reach. She grimly ignored these signals and did not remember his behavior a week later when it had ceased. However, when his sucking seemed to become very intense, his need was responded to by the mother moving him in a vertical position up and down on her lap. She told the interviewer that this activity always made Carl feel better. Four months later at eight months, when Carl was able to stand by himself, we saw him repeat the same up-and-down movements of his body at times when he appeared to be fatigued or was frustrated and particularly whenever he became aware that his mother had left the room. He thereby actively repeated alone the behavior which had been initiated by his mother with him to lessen his tension. When his mother returned to him after an absence, she repeated these movements with him in her arms although she was not consciously aware of her actions. When this bodily activity of Carl's was brought to her attention, she pointed to the fact that this was how he showed his pleasure, especially when he became excited on his father's homecoming in the evening.

Starting at about five or six months of age his parents played their particular form of the peek-a-boo game with Carl by covering his face with his blanket, removing it, and saying, 'There he is'. Later the child occasionally repeated the game himself with the blanket, but the mother stated that an ecstatic peek-a-boo activity began at about eleven months of age when he was able to run behind the couch. He hid and then stood up expecting his parents to say, 'There he is', again actively using his body. At fourteen months of age he greeted newcomers to the house with this same game, insisting by grunts and groans that they do as his parents had done. This behavior illustrates Carl's effort to master the anxiety of separate functioning by repeating himself the highly libidinally cathected activity that had taken place between him and his mother. The selection of a motor activity from among many other kinds is consistent with his general motor orientation that probably has an innate predisposition but also reflects both parents' preferred modality of interplay with Carl. He integrated into his own rendition of the peek-a-boo game the earlier, passively experienced, and then actively used, behavior of moving his body up and down. We believe that doing this for himself, as his mother had done for him at four months, was his first pattern and preferred form of mastering anxiety in her absence.

At fourteen months Carl displayed certain over-all qualities in his behavior and personality that are very similar to those of his mother. This development seems to have come partly as a result of their interrelationship and by complex means that we have yet to define. However, it appears that it is in large measure based on the particular form of the sending and responding to cues between mother and child. For instance, at four months, as described above, the mother grimly denied Carl's reaction to weaning and his insistent demand to continue sucking at her body, determinedly substituting another form of tension reduction.

At about six months of age when Carl appeared to be distressed, he made various noises, all of which appeared to the ob-

servers to indicate this distress. However, the mother chose to interpret one of the noises as his wish to be picked up and he gradually limited his expression to this sound. When questioned about this Mrs. H said she always knew when Carl wanted her.

In many other areas of her interaction with Carl, this mother's character traits of determined persistence and directedness were expressed. When Carl started to walk he made a very striking contrast to some of the other children. The latter seemed to wander about happily pleased with their newly found ability of independent locomotion. Carl, on the other hand, always seemed to be going after something and if it was hard to get, he kept after it again and again. It was very impressive to see him return repeatedly to an object that he had not been able to reach a few weeks before because his balance had not been good enough, until he finally was able to get at it. Mrs. H has often remarked that Carl will have to become stubborn if he wants to deal with her.

Carl's experimentation with differentiating his own body from his mother's probably started as early as the fourth month, but was much re-enforced at the time of that further step in reality testing in differentiating the image of his mother from that of strangers.

When he was four months of age we observed very little exploration of his mother's body by Carl. The mother said that he occasionally seemed to look in her mouth at that age but it was at about six to seven months of age that he became very interested in exploring the inside of her mouth and nostrils with his finger. He also began to pat her on the face sometimes rather forcefully. At this age we frequently observed his offering a cracker from his mouth to his mother. It was at about seven to eight months of age when he showed the onset of anxiety with strange adults.

## V

A mother-child pair in which the mother and baby appeared to be diametrically different in temperament were Mrs. B and

Heather, forty-one weeks old when first seen. The mother was efficient, abrupt, impatient, impulsive, and loudly articulate. Though cultured and intelligent, she was rough in her behavior and almost crudely so with Heather, her small, puny baby. She gave little consistent, predictable, or tender mothering to the infant, and set goals and 'deadlines' for her baby's developmental achievements; from the beginning she imposed her own rhythm and needs on the child.

At fourteen months, Heather did not show any of her mother's vigor and abruptness. The mother's seemingly unmotivated bursts of attentiveness, unpredictable overstimulation, and rough, if playful, handling, alternating with long periods of inattentiveness, did not seem to be incorporated in the form of the separation-individuation pattern of this child.

As early as the second interview with Mrs. B, it was noticed that a constant, uneven struggle was going on between this mother and her barely ten-month-old 'lap baby'. The mother was most eager to 'discuss' her observations and 'opinions'. Heather seemed to be regarded as a kind of accessory by the mother. Mrs. B never failed to gather a few toys and bring them along with Heather to the interviewing office, clearly as a substitute for her own attention. She would place the baby on the floor near her chair, take the child on her lap for a few minutes when she began to fret, and then 'plop' her down again. On one occasion, in her impatient, abrupt, and ridding gesture, the mother jammed the chair leg on the baby's foot, bruising it. There were many other evidences of Mrs. B's efforts to extricate herself and offer transitional objects to Heather in place of tender mothering.

When the child was eleven months of age, Mrs. B was so intent on Heather's learning to walk that, holding her by one hand, she walked with the baby at her pace, not the child's, so that Heather was dragged along. The mother was disappointed at the child's 'late' walking. But long before she walked, Heather exercised and practiced in a patient, persistent, and competent way all kinds of preliminary well-coördinated motor patterns.

At nine months she would propel herself to her goal with a belly crawl; later, when she could pull herself up, she would climb from chair to table, keeping perfect balance, and then examine the mirror surface of the observation booth. By eleven months, she seemed to fret less frequently to be taken on the lap but instead would pull herself up at her mother's feet and stand there. Even before she learned to walk she showed amazing innate resourcefulness and unusual endowment for manipulating toys and occupying herself with her own body skills. If she were in danger of losing her balance, she would slide into a safe sitting position.

By age one year, Heather had accepted separate functioning, or individuation, on the level demanded by her mother. It seemed that she complied emotionally even before her autonomous ego was mature enough in the locomotor area to function on the level of the walking toddler. In this way she complied with and complemented, rather than imitated or identified with, the mother. A few weeks later, she could occupy herself contentedly for a half hour with various toys, looking at her mother occasionally but not crawling to her. All this was done with hardly a sound and only rare appeals to her mother or other adults.

This placid, patient little girl was amazingly resourceful and self-sufficient, and showed remarkable readiness to accept substitute satisfactions as well as substitute objects, in marked contrast to her mother.

It is interesting to note, however, that in some of her behavior during separation-individuation, Heather did take over patterns of the mother. For instance, in her self-comforting devices she seemed to play mother to herself with patterns in many ways reminiscent of the mother's handling of her in the symbiotic phase. In her solitary occupation at the beginning of the separation-individuation phase one could see in her self-comforting peek-a-boo pattern, the derivatives of earlier peek-a-boo games with the mother. Also, Heather showed increasing interest in gathering, holding, and manipulating toys, acting out what her mother had done for her.

When she began to walk she turned to transitional inanimate objects and appealed less and less to her mother. Instead of toddling to her mother—usually engrossed in conversation with other mothers in the group, often with her back turned to Heather—she would quietly toddle to a rocking boat and rock herself as vigorously as possible, in a way reminiscent of the mother's handling of her. Heather also used the same vigor when riding the hobby-horse or when working the seesaw. Elements in her active individuation patterns were obviously those of the rough handling she had passively experienced and visibly enjoyed in her first year of life with mother.

## CONCLUSIONS

Certain postulations are possible from the material thus far available from our study of separation-individuation in normal children.

One generally assumes that a normal mother reacts to cues sent out by her child depending upon the needs of the child for her. We do not know whether these changes in behavior and expressions of the infant, apprehended as cues by the mother, are only discharge phenomena or whether they are also active communications. In general, however, we have observed a shift from discharge to signaling, as well as the mother's accurate, selective, or distorted responses to these cues which indicate the child's need for her. It is also apparent that mothers vary in their interpretation of the degree of independence or new developmental gain indicated by certain cues and respond in accordance with their own interpretations. Although many cues are misinterpreted, or even read into the child by the mother, normal infants have an amazing capacity to adapt to the needs, emotions, and demands of the mother.

In addition to the separation-individuation process in the infant, it appears that there is a concomitant and similar process of separation in every mother from her child. This can be observed in the mother's various misreadings of cues, especially in

terms of whether a need is indicated and of what type. It is believed that the change of the infant from a 'babe in arms' to a toddler who can physically separate from his mother also marks a developmental step in motherhood, one that produces many conflicts in the mother. In our investigation it became increasingly evident that the normal mother anticipates the separation-individuation of her baby and that this anticipation is one of the determinants of her behavior toward her 'babe in arms' long before the infant is ready for separation-individuation.

The clinical material describes many instances in which the mother reads cues correctly, others in which they are misread, and still others where cues are selectively neglected. The mother's selections often indicate conflicts in her and are not simply errors of perception of the child's needs. However, the result in the child's pattern of individuation in our experience has proven to be determined in large part by the mother's attempts to adapt to the maturation of her child, as well as the child's own active efforts to adapt to his mother's conscious and unconscious fantasies.

There appears to be a wide range of response in normal mothers in dealing with the anticipated separation from their children. In some cases we haye seen reactions that appear close to mourning; in others an attempt is made to precipitate actively the independent functioning of the child; in other instances subtle combinations of or alternations between ridding herself of and clinging to the infant are evinced.

During the process of separation-individuation we suspect that there are particular developments of the unconscious meaning that her infant has for the mother. Very likely the infant has certain fixed meanings for the mother, but it also seems to be true that these meanings change with the maturation of the infant, and that the mother changes her behavior accordingly. For example, it appears that the infant, with varying degrees of intensity of cathexis, represents a body part for the mother, usually her illusory phallus. The mother's behavior toward her infant is molded by this fantasy but is modified by the infant's

innate equipment and maturation. For instance, when the child develops the capacity for separate locomotor functioning, the mother will project her fantasy into different patterns of expected behavior from the child.

Beyond the mother's specific reactions to cues which indicate the child's maturation and consequent readiness to function separately, the mother's general character is a major determinant in her reactions to the child, and the child must adapt to her reactions in some way. The clinical material illustrates some of the child's adaptations to characteristics of the mother as was seen in the directedness that developed in Carl which paralleled a similar directedness in his mother, and the self-sufficiency and patient independent functioning and placidity of Heather was an effort to comply with and complement her mother's attitudes. The alternation between symbiotic needs and ridding reactions found in Mrs. Y generated an ambitendency on the part of Sara which resulted in a constant back-and-forth movement between them.

In general, as the child grows older and his personality unfolds and shows increasing complexity, we continue to find as its central core, and pervading it throughout, the residue of the earliest infant-mother relationship.

# PSYCHIC DETERMINISM AND THE POSSIBILITY OF PREDICTIONS

BY ROBERT WAELDER (PHILADELPHIA)

## PROVISIONAL SURVEY OF THE FIELD

The problem of determinism has not been systematically discussed in psychoanalysis. There are occasional references to it in psychoanalytic literature, which as a rule emphasize that determinism is part and parcel of the scientific approach and therefore a basic assumption of psychoanalysis as a scientific psychology.

Freud referred several times to the subject. In some instances, it was to justify the rule of free association; it would follow from the principle of determinism that nothing enters the mind haphazardly, without a cause. In other instances, it was to justify his interest in every detail of psychic life, no matter how trivial, and his readiness to take it as an expression of a psychic trend. 'Psychoanalysts', says Freud, 'are marked by a particularly strict belief in the determination of mental life. For them there is nothing trivial, nothing arbitrary or haphazard. They expect in every case to find sufficient motives . . .' *(10,* p. 38*).* He speaks of 'the strictness with which mental processes are determined' *(ibid.,* p. 29), and of 'a strict and universal application of determinism to mental life' *(ibid.,* p. 52), or of 'a strong belief in the strict determination of mental events' *(12,* p. 238*).*

However, there is some question as to what Freud means by events being 'determined': whether the word is to indicate that one can always find conditions which are both necessary and sufficient for the particular event to materialize, or merely whether one can find necessary conditions. The presence of a bacterial invader is a necessary condition of clinical tuberculosis but not a sufficient one; the state of the host organism is also

From The Department of Psychiatry of Jefferson Medical College, Philadelphia.

relevant. If, then, we say that tuberculosis is not a matter of chance but that it is determined, we may mean either that we know the conditions necessary and sufficient for the outbreak of the disease, or, in somewhat less precise speech, we may merely mean to say that there is no tuberculosis without the presence of *tubercle bacilli;* the latter might easily have been said at the time when the role of microorganisms in contagious diseases had to be defended against a still doubting world.

As we shall see later in more detail, Freud seems to speak of determination more in the latter sense as appears, for example, in his statement that 'certain shortcomings in our psychic functioning . . . and certain seemingly unintentional performances prove . . . to have valid motives and to be determined by motives unknown to consciousness' *('erweisen sich . . . als wohl motiviert und durch dem Bewusstsein unbekannte Motive determiniert') (8,* p. 239). To be determined is here equated with 'having valid motives'.

There is also another fact to suggest that Freud's determinism differed from what philosophers mean by this word. He introduced the concept of 'overdetermination', which is not compatible with the traditional concepts of determinacy: 'Indeed, [psychoanalysts] are prepared to find *several* causes for one and the same mental occurrence, whereas what seems to be our innate craving for causality declares itself satisfied with a *single* psychic cause.' *(10,* p. 38).

The idea that nothing happens without adequate cause implies that a cause either is or is not adequate; if the cause is adequate, the addition of any further 'causes' (namely, of factors that work in the same direction) would alter the result; if it is not adequate, the result could not be expected. Complete determination leaves no room for overdetermination but merely for necessary and sufficient conditions. If overdetermination is possible or even required, one must wonder whether the determinants have the stringency of the classical concept of determinism, or whether they are not simply determining tendencies or trends—concepts that leave some leeway. Freud's

views on this subject will be considered later more fully, in connection with his statements about predictions.

Most other psychoanalytic authors uphold determinism and see in it one of the fundamental propositions or axioms of psychoanalysis. This position is clearly stated by Brenner:

'The sense of this principle [of psychic determinism] is that in the mind as in physical nature about us nothing happens by chance or in a random way. Each psychic event is determined by the ones that preceded it. Events in our mental lives that may seem to be random and unrelated to what went on before are only apparently so. In fact, mental phenomena are no more capable of such a lack of causal connection with what preceded them than are physical ones. Discontinuity in this sense does not exist in mental life' *(3, p. 12)*.

Here determinism is conceived as complete. This view is probably shared by most psychoanalysts, at least as long as they speak about the problem *in abstracto*. As a dissenting voice, we may quote the views of Marjorie Brierley:

'Arguments about free will versus determinism usually derive from abstract conceptions which express antithetic human wishes and are not based on evidence from psychological facts. The real situation appears somewhat paradoxical. The validity of psychoanalytic determinism is seldom questioned by psychoanalysts, because clinical evidence re-proves from hour to hour that we are what we have become as a result of our past history and [that] what we are now becoming is shaping our future. But, equally, there can be no question that living is creative and that, within limits variously circumscribed for different people, the ego appears to have some possibilities of choice. Every decision is a fresh decision, which may represent a new beginning, a re-adaptation not necessarily always predictable in advance, though explicable after the event. It would seem that the ego is fulfilling its proper functions when it tries to take the most reasonable decision on the evidence before it, as if it were a responsible free agent. But the sounder the internal and external reality-sense of the ego, the better will it recog-

nize the limiting conditions of its own choices and the more likely will it be to arrive at integrative, practicable, decisions. In relation to the total personality, the adequately realistic ego may well say with St. Paul: "I live, yet not I" ' *(4,* pp. 288, ff.).

Brenner's psychic determinism is analogous to the view of the determinateness of inanimate nature that makes it possible for Laplace's cosmic spirit, who has complete knowledge about the state of the universe at a particular moment, to foresee its state at any future time. Brierley, on the other hand, sees the situation either in terms of incomplete determinateness and restricted freedom, or else sees it as a paradox, a genuine antinomy in which two opposing statements appear to be equally true. This position is taken by many philosophers and historians, for example, by E. H. Carr, who states that 'all human actions are both free and determined, according to the point of view from which one considers them' *(5,* p. 89)—whatever that may mean. The great physicist Niels Bohr, father of the quantum theory of the atom, has suggested that his 'principle of complementarity', according to which the same phenomena have to be described in two mutually exclusive models, may be a universal principle rather than merely a principle of atomic physics. He would consider the issue at stake as another example of this universal phenomenon and would have us look upon determinism and freedom as both true, each in its own frame of reference. This view is apparently in line with the following statement attributed to Bohr: 'There are the trivial truths and the great truths. The opposite of a trivial truth is plainly false. The opposite of a great truth is also true' *(1).*

## DETERMINISM AND RESPONSIBILITY

The question of determinism appears frequently in psychoanalytic literature in connection with the problem of criminal responsibility, as it presents itself in forensic psychiatry, or with the question of moral responsibility for one's actions in everyday life. Many psychoanalysts have taken a stand for a strict

determinism and against a punitive attitude in matters involving crime (though not necessarily in matters involving their everyday lives). The ancient practice, common to all known societies, was punishment for offenses. In more modern times this has been modified in some societies by making allowance for a plea of 'not guilty by reason of insanity' which is often believed to imply the prescientific notion of a free will which might have been impaired by a 'disease of the mind' (to use the expression from the McNaghten rule). The following statement by Ernest Jones represents this line of thought.

'On the assumption that mental states and impulses of a certain kind are caused only by "disease" or "sin", two equally vague conceptions in this context, doctors are asked to discriminate nicely between the two, and they naturally tend to flounder badly in the process. The underlying theory appears to be that the law permits some modes of conduct to be caused . . . by disease but not others. The latter are said to be the product of free will, which is omnipotent enough to create the first link in a chain of thought or conduct. By accepting a particularly arbitrary distinction between mental health and disease,[1] doctors pass beyond the facts of their own science, and by accepting the legal view of free will they abandon the only fundamental canon of science' *(17,* p. 65*)*.

Similar views have often been voiced by psychiatrists and by social scientists. They form the rationale for widespread current demands for a medical rather than legal approach to the problem of crime and for the substitution of medical treatment for the time-honored administration of justice.

[1] Jones refers here to the McNaghten rule formulated by the Law Lords of England in 1843. It is as follows:

'1. To establish a defense on the ground of insanity it must be clearly proved that at the time of committing the act the party accused was laboring under such a defect of reason from disease of the mind as not to know the nature and quality of the act he was doing or if he did know it that he did not know he was doing what was wrong. 2. If a person is laboring under partial delusions only and is not in other respects insane and commits an offense in consequence thereof he must be considered in the same situation as to responsibility as if the act in respect to which the delusions exist were real.'

Yet, the quoted statement shows misunderstandings of the present situation and its rationale. By punishing misconduct, the law does not assume that 'free will' is 'omnipotent enough to create the first link in a chain of . . . conduct'; all it assumes is that normal people are likely to react adaptively to punishment while at least certain psychotics are not. The McNaghten rule to which the next sentence refers is not 'a particularly arbitrary distinction between mental health and disease' as an apparently ineradicable myth has it. The purpose of the McNaghten rule was never to define mental disease; nothing could have been farther from the mind of the Law Lords who formulated it.

The Law Lords did not intend to define mental illness, for though this may be difficult for moderns to believe, they had no intention of recommending that all the mentally ill be exempt from punishment. They would have felt that such a step would dangerously weaken the deterrent power of the law and emasculate it. What they tried to do therefore was not to define insanity but merely to say which persons among the insane could be exempted from punishment without threatening a general breakdown of deterrence. Pessimists with regard to unchecked human proclivities, they felt such exemptions ought to be very few in number.

Most of us do not share the intensity of their concern about weakening the deterrent power of the law, and we feel that the exemptions can safely be made much wider. But wherever the borderline lies, the distinction between the two kinds of conduct to which Jones refers cannot be so easily dismissed. We all make this distinction in our daily lives. Rules have been set up everywhere: for our children to go to school, for the teachers to instruct them, for everybody to be at his station in life and to attend to his responsibilities. There are rewards for those who properly discharge them and penalties for those who neglect them. To mete out reward and punishment has been an automatic reaction long before it became a rational, goal-directed policy; it is a natural response to like those who do what pleases

us and to feel aggressive toward those who thwart our purposes.

But if we learn, for example, that a truant child suffers from an obsessional neurosis which makes it all but impossible for him to come in contact with the school bench, we will take a different view. Even apart from any question of moral accountability we will wonder whether reward and punishment—at least in such limited doses as we are prepared to apply, that is, excluding barbarous punishment—can achieve anything under these circumstances. We may find it more promising to try to understand the child's neurosis and to influence the child more indirectly, on the basis of such understanding.[2] Indeed forensic psychiatry can easily be formulated without the use of words such as free will, which Jones finds offensive, and which, in any case, are loaded with ambiguities. It can be formulated merely in terms of adaptive and nonadaptive response to punishment.

For example, the discrimination between the professional operator of illegal distilleries and gambling houses who has calculated his risks, on the one hand, and the paranoiac who firmly believes himself the victim of an organized, vicious man hunt, on the other, are neither arbitrary nor irrelevant. One difference, important for any attempt at influencing social behavior, is that the former is likely to be influenced by the rising costs of his activities while the latter is not. Of course, between the clear cases at both ends of the spectrum there is an intermediary or twilight zone in which matters are less clear. But this complication, common to all human affairs, does not make such differentiation necessarily impossible. The word 'sin' does not appeal to modern secular thought, and other words may have to be substituted to indicate the important realities in question. But at stake fundamentally is the difference between action

[2] It must also be mentioned that there is a limit to the degree to which we can substitute psychiatric rational planning for natural response while yet retaining ordinary social relations; the former could never become the guide for *all* our behavior. Above all, the treatment of others, not as free agents but as puppets, regulated by forces beyond their control and capable of being manipulated, to some degree at least, on this basis, does not go together with love and respect between equals.

that can and action that cannot be easily controlled by reward and punishment, and this distinction is neither arbitrary nor useless.[3]

Moral judgments and moral appeals are a constant feature of everyday life. We unceasingly evaluate the conduct of persons, including ourselves sometimes, in relation to moral standards and allocate praise or blame accordingly. If all behavior is strictly and completely determined by factors that do not include something like a free-acting personality—for the inclusion of this factor brings in an element of freedom through the backdoor—it is difficult to see why some should be praised and others blamed. Indeed it has often been argued of criminals that they are the product of their environment, particularly of adverse conditions in childhood, and that therefore they are not to be blamed for what they have become.

If the various influences that we believe have shaped human life are considered only as *pressures*—which implies the existence of a system on which pressure is being brought to bear, hence a system exercising a measure of choice—then moral evaluations are possible to the degree that resistance to such pressures appears possible for the individual in question. But if these influences are seen as *causes,* there seems to be no room for praise or condemnation.

Yet, psychoanalysts like other people continue to bestow praise and blame and to treat in their daily lives all but the sick as responsible individuals, capable within limits of exercising choice and accountable for it. I have seen prominent psychoanalysts react rather sharply when, in a discussion of someone's misconduct, dynamic and genetic interpretations of his behavior were suggested, with possibly exonerating implications. Some psychoanalysts have clearly expressed verbally what others apparently have only tacitly implied; namely, that they distinguish between the analytic situation and ordinary life; they are willing to suspend moral judgment, to a degree, if a man declares himself sick and asks for treatment and then to treat his every

[3] See the discussion of this subject in an earlier paper *(21).*

act as conditioned and to search for these conditions. But the confession of illness and the acceptance of treatment is a prerequisite for such an attitude, and unless a person seeks treatment, they will judge him as a morally responsible agent and will condemn him accordingly.

There are good reasons for this. The application for treatment implies a measure of alienation from one's own behavior, a willingness to consider it as at least possibly wrong, and is to this extent a form, however embryonic, of condemnation. Hence, it is the first step toward transforming delinquency into neurosis, and neurosis need not be morally condemned. By taking on the critical role himself, a person makes it possible for the analyst to drop his own criticism and to withdraw into neutrality.

## THE DIFFICULTIES OF COMPLETE DETERMINISM AND COMPLETE INDETERMINISM

It appears to be equally impossible to develop a consistent world picture based on complete determinism or one based on complete indeterminism; both assumptions lead to untenable, or at least unimaginable, consequences.

If there were no regularities of behavior at all and everything happened entirely at random, and if no probability patterns could be distilled from the chaos of events, no rational action would be possible; for rational action implies the possibility of anticipating, to some degree, the consequences of one's action, and this in turn implies the existence of regularities. Were there no such regularities, we could not drive our car with any expectation that other drivers would, on the whole, keep to their side of the road. We could not expect the school bus to collect our children in the morning or, if it did, we should have little reason to expect them to be delivered at school, or that they would receive instruction in school rather than be subjected to some other treatment. There would be no point in our accepting money for our goods or services, since there

would be no assurance that others would accept this money in return for their goods and services. A man would have no right to anticipate that his secretary would show up in his office or, if she did, that she would attend to the correspondence rather than engage (for example) in carpet weaving. Returning home, he would not know whether his wife was still the person he had known or whether she had been transformed in the meantime into a Madame Bovary, a Medea, or a Saint Wilgefort.

Whatever such an indeterminate world was like, it would be completely different from anything we know. Rational action would not exist. Perhaps a life of sorts might still exist for moments, as occasional flare-ups of chance, but probably not in anything like the richly woven patterns of plant, animal, and human life on earth.

The difficulties encountered in trying to imagine a fully deterministic universe are of a different nature. We can deal with any particular sector of experience and study the course of events with a view to discovering their regularities. As a guide for research, this approach has been enormously fruitful. We may enlarge the area of our study, take in more and more phenomena, study ever larger aggregates, and still be on safe ground. But once we try to include ourselves into the subject and to see ourselves as part of the predetermined stream, we are faced with difficulties probably insurmountable. Even if we should succeed in including ourselves, conceived as fully determined entities, in the picture of a deterministic cosmos, we should still not have included as equally determined the fact of our having included ourselves and of having conceived ourselves as determined. And if our mind should succeed in taking the further step to include this judgment in the picture and to see it as fully determined and part of the stream of universal determinateness, we should still have reserved a part of ourselves that remained outside and, in this sense, 'free'. No matter how hard we may try, it is impossible for the human mind to think consistently of a deterministic universe with oneself in it; one can include part of oneself into the maelstrom of deter-

minism, but another part, a nucleus of selfhood as it were, invariably remains outside.

There is an old saying to the effect that nature will always return even though one may have chased her away with a hayfork: *naturam expellas furca, tamen usque recurret.* Psychoanalytic experience has amply corroborated this ancient wisdom. But it seems also true that a concept of freedom, however limited, cannot be completely ousted from the consciousness of man; it turns up in our deterministic efforts themselves, guiding, so we feel, these very efforts.

The difficulties of a consistent determinism were recently eloquently described by a distinguished contemporary philosopher, Sir Isaiah Berlin:

'I do not wish here to say that determinism is necessarily false, only that we neither speak nor think as if it could be true, and that it is difficult, and perhaps impossible, to conceive what our picture of the world would be if we seriously believed it; so that to speak . . . as if one might accept the deterministic hypothesis and yet continue to think and speak much as we do at present, is to breed intellectual confusion. If the belief in freedom—which rests on the assumption that human beings do occasionally choose and that their choices are not wholly accounted for by the kind of causal explanations which are accepted in, say, physics or biology—if this is a necessary illusion, it is so deep and so pervasive that it is not felt as such. No doubt we can try to convince ourselves that we are systematically deluded. But unless we attempt to think out the implications of this personally, and alter our modes of thought and speech . . . accordingly, this hypothesis remains hollow; that is, we find it impossible even to entertain it seriously, if our behavior is to be taken as evidence of what we can and what we cannot bring ourselves to believe or suppose not merely in theory, but in practice. My submission is that to make a serious attempt to adapt our thought and words to the hypothesis of determinism is scarcely feasible, as things are now and have been within recorded history. The changes involved are too radical; our moral

categories are, in the end, not much more flexible than our physical ones; we cannot begin to think out, in real terms, to which behavior and speech would correspond, what the universe of the genuine determinist would be like, any more than we can think out, with the minimum of indispensable concrete detail (i.e., begin to imagine) what it would be like to be in a timeless world, or one with a seventeen-dimensional space. Let those who doubt this try for themselves; the symbols with which we think will hardly lend themselves to the experiment; they, in their turn, are too deeply involved in our normal view of the world . . . to be capable of so violent a break' (2, pp. 33, ff.).

If the world were organized in complete determinism, as this concept is defined by Brenner, the next moment would be fully determined by the present one and so on until the end of the world. The whole future of our lives and of those who follow us, of the whole human species, would be a foregone conclusion, down to the last detail, and everything that makes the essence of our lives, our problems, our strivings, our efforts, and our doubts would be, in its entirety, an endless chain of illusions. In the denouement of Schiller's Don Carlos, the ninety-year-old Inquisitor General says to King Philip II, with regard to the liberal heretic, Posa, who had for a moment won the heart of the lonely monarch:

> *Sein Leben*
> *Lag angefangen und beschlossen in*
> *Der Santa Casa heiligen Registern . . .*
> [His entire life, begun and consummated,
> Was kept on file in the Sacred Office . . .]

In a fully deterministic cosmos, these words would have universal significance. Our lives and those of our children and their children down to the remotest posterity would be on file, begun and consummated, with all most minute details, and would have been from the beginning of time; all generations of men would merely play parts that had been assigned to them, as

it were, long before the most primitive forms of life ever came into being. This, to me, is hard to imagine.

The data of our experience suggest something different from either complete determinism or complete 'randomization'. They suggest that human behavior is indeed organized in regular sequences, or in several types of sequences which occur with different frequencies, but that in either case we have to do with probabilities—very high probabilities in some instances—rather than with inescapable necessities. This would mean that enough regularity exists in life to make rational action possible but not enough to make the future a foregone conclusion.[4]

## PREDICTIONS IN PSYCHOANALYSIS

The question of determinism is closely linked to that of predictions. If everything is completely determined, it must be possible, at least in principle, to make predictions.

Determinism was defined as the doctrine according to which 'each psychic event is determined by the ones that preceded it' (Brenner [3]). If $t$ is the time at a particular moment and $t + \Delta t$ the time at the subsequent moment, the thesis reads: the condition of the universe at the time $t+\Delta t$ is determined by its condition at the time $t$. This statement is logically equivalent to the statement: the condition at the time $t$ determines that at the time $t+\Delta t$, just as the sentence 'John loves Mary' is equivalent to the sentence 'Mary is loved by John'.

Many critical observers have marveled at the ability of the human mind to harbor contradictory, mutually exclusive, as-

[4] It might be worth noting that the early Greeks held a view of destiny according to which there was a framework of inescapable necessity but within which there was considerable latitude. There was μοῖρα, Fate, from which neither gods nor men could escape. Once a man's day of doom had arrived, no god could help him any longer, and any Olympic protector he may have had withdrew so as not to be polluted by the contact with the doomed mortal. But long before that, a man might bring about his own undoing, ὕπὲρ μόρον, beyond necessity. Mortals blame all their ills on us, says Zeus, but they suffer *beyond necessity* through their own foolishness. (The Odyssey, I, 13, ff.). See the discussion of this subject by Onians (*18*, pp. 390, ff.).

sumptions. Alexis de Tocqueville saw in it an effort 'to reconcile contrary principles and to purchase peace at the expense of logic'. Sir Richard Livingstone spoke of the ease with which 'that capricious vessel, the human mind, holds at the same time two contradictory doctrines'. We psychoanalysts, as students of pathology and as therapists, are more occupied with the cases in which contradictory strivings actually come into conflict with each other, than with those in which they peacefully coexist. Nevertheless, Freud was well aware of the fact that the latter are quite common; he pointed out, for instance, that the two sides of bisexuality, the heterosexual and the homosexual libidinal impulses, which are at times in severe conflict, can exist side by side in many cases without interfering with each other, and he concluded from this that there is something like a tendency to inner conflict as an entity of its own, and that it is this tendency which makes coexistence of different trends impossible. As is well known, Freud attributed this tendency to free aggressiveness (*16*, p. 347).

It is like an example of such tolerance for contradictions that many analysts who would insist on the complete determinateness of all things psychic are, at the same time, unfavorably disposed to the request for predictions, although the possibility of predicting is only the reverse side of the coin of determinism.

However, perhaps one should not be too critical of such contradictions because logically equivalent statements may yet emphasize different aspects of reality and so be psychologically different. In a somber mood over the premature death of Sandor Ferenczi, Freud (*14*) told the story of the Sultan who had two seers cast his horoscope. I hail your good fortune, master, said the first; you will see all your relatives die before you. This seer was executed. I hail your good fortune, master, said the second; you will outlive all your relatives. This seer was richly rewarded. The messages were the same, but the emphasis was different and, we may add, the first did and the second did not permit his own death wishes to seep through.

The fact that determinism implies in principle the pos-

sibility of predicting does not, however, mean that if events are determined, one can actually make predictions and even less that one can predict those things one would most like to know. The *existence of regularities* in the events is only one of the necessary conditions of predicting. Another one is *awareness* of these regularities; the fact that yellow fever was transmitted by mosquito bites did not enable us to predict that there would be no transmission in mosquito-free places, so long as this condition of transmission was unknown. A third condition of predicting is *information* about *all* relevant *parameters*. Even after the condition for the transmission of yellow fever is understood, one can make no predictions about transmission in given situations if one does not know whether mosquitos are, in fact, present.

If any one of these conditions is lacking, i.e., either if there is no regularity of any kind in the events themselves, or if their pattern has not been understood, or if we do not know or do not know sufficiently the present condition of the system, no predictions are possible except for those that can be made on the basis of probability considerations for aggregates of randomized elements, such as that in roulette every number will, in the long run, appear approximately as often as any other.

The third prerequisite of predictions, viz., information about the relevant parameters, may be lacking for two different reasons. It may be that we just have not yet measured them, or that we cannot measure them with the means at our disposal or with the means that we can imagine ourselves as developing, or that the measurement would not be a practical proposition because of its costs in terms of material and time. In all these cases we deal with what Kant called 'possible experience'; no known law of nature excludes in any one of the above-mentioned cases the possibility that ways for such measurement may yet be found, even though they may be impracticable on anything beyond a sample scale.

But there are also cases in which accurate measurement of all relevant parameters is not only practically but also *theoreti-*

*cally impossible,* because it would run counter to what we believe are inherent and therefore unalterable limits of observation, as in the case of the impossibility of measuring both the location and the impulse of an electron with an accuracy greater than that indicated by the Heisenberg uncertainty principle.

In view of these conditions of predictability, there is clearly no basis whatever for expecting predictions under conditions in which one or the other prerequisite is lacking. Nobody can expect predictions when relevant parameters are unknown. The physicist predicts what will happen in an artificial set-up of his own construction—e.g., in an electronic tube—, the parameters of which are known to him. But he will not predict what will happen inside a volcano where conditions are only incompletely known—whether or not it will erupt within a certain period of time.

Similarly, it makes no sense to expect a psychoanalyst to predict a particular person's future behavior which depends, in part, on future events in this person's environment and the kind of stress or opportunity that he will meet, as well as on future developments in his bodily organism (as illnesses); these are all factors which may be determined in their own way, but which the analyst has no way of knowing. As the physicist predicts not what happens in empirical systems but rather what happens under specific conditions, so the analyst can reasonably be asked to predict only a person's future behavior not as it will actually materialize under unknown conditions but as it will be *under specific conditions.* Thus, we cannot expect him to say what the future destiny of his analysand will be, but he may be asked to predict how this analysand would stand up to a particular stress, for example, to a traumatic experience of the kind that had started him on his neurosis or had kept it going during the years, the reaction to which had been analyzed and worked through with the patient. Can this be predicted?

The answer probably would have to be that the analyst cannot predict it with exactitude, but that he is not entirely up in the air, either. When he considers an analysis as successfully

concluded, the analyst deems it likely that the neurotic reactions have been sufficiently understood and worked through, so that either they will not reappear or that the patient will be able to deal with them unaided. He will also judge, in some cases, that the patient will be able to deal with ordinary pressures without renewed breakdown; in others, that he will be able to deal with such mild pressures only as he may meet in a favorable environment; and in a few cases, perhaps, he will be confident that the patient can meet whatever comes. Such expectations often prove correct; sometimes, the prediction may turn out to have been inaccurate or even altogether wrong. The predictions may have been wrong for better or worse; discharged patients may later turn out less stable than the analyst had anticipated, or more so than he had dared hope.

All in all, it may be said that predictions of this kind, made by a competent analyst, are neither without merit nor without fault. In any case, they are merely probabilistic; they predict a probable, not a certain development. In this way, they do not support the idea of complete determinateness although, to be sure, neither do they contradict it.

While this may be a fair example of the possibilities and limits of analytic predictions about the further development of persons intensively studied under analysis, psychoanalytic psychology should also permit some predictions of human behavior in general.

There is, for instance, a large body of psychoanalytic experience about regressions of ego (and superego) development and of object relations of which a few examples may be mentioned. Under the impact of rejection, children will give up such acquisitions, with the most recent, as yet inadequately stabilized, accomplishments to go first. Children separated from their mothers, for example, may regress in their bowel habits or again suck their thumbs. Such regressions take place not only in macro-development, in the large curves of life development, but also as micro-regressions, in the day's activities; as if a child already fairly weaned from thumb-sucking takes the thumb in the mouth

again when a more grown-up wish has been frustrated. Anna Freud described regressions in children from already achieved levels of integration and a return to primary process functioning under the influence of various factors such as fatigue or stress; a well-structured pattern of play disintegrates into a free-for-all *(6)*.

Libidinal development proceeds from a purely self-centered state toward a state in which the object, while conceived as such, is valued only as a means for the child's own satisfactions, as deliverer of food, warmth, or comfort, so that the interest in, and affection for, the object is entirely dependent on satisfaction received, hence, necessarily unstable. From there, development may proceed toward a final state in which affections for other persons are increasingly independent of favors received and increasingly stable. In great frustration and danger, as in severe physical illness, regression takes place and persons return to the 'need-fulfilling state' (Anna Freud). A woman who had survived a period of imprisonment in a Nazi concentration camp told me that people often expressed to her their sympathetic understanding for what they thought must have been her desperate longing for her children, about whose destiny she knew nothing. 'The people do not understand', she said. 'In order to feel any longing, one must have a full stomach.'

Given this and similar kinds of experience, can we make predictions and say, for example, that under the impact of rejection a child will give up his latest ego or superego accomplishments, or that in great frustration and danger, child and adult will be reduced to concern for the self only? Such predictions can be made, but as probabilities rather than as inescapable necessities. As a rule, events will proceed this way; in some cases, however, the response may be progressive rather than regressive. In the ultimate degradation and despair of the Nazi concentration camp most people seem to have been reduced to the bare struggle for survival; a few, however, became what another age would have called saints—devoid of any concern for the self, utterly devoted to the service of others. The prediction

of regression is valid in the great majority of cases but is not universally valid.

It may be countered at this point that psychoanalytic experience does not lead to the formulation of a law according to which certain frustrations must lead to regressions. Rather, it suggests that frustrations lead to a variety of responses according to variations of persons and circumstances, with regression the most frequent result, and that further research will enable us to find the additional conditions which determine that the outcome is regression in one case and, perhaps, progression in another.[5]

We know of conditions that favor one or the other of these developments and much more about it may be learned in the future. But will it ever be possible to find for each possible outcome the conditions that are necessary and sufficient to bring it about? Only in this case could one predict without qualification the response of a particular person to an emergency. For the time being, in any case, we can predict only developments of greater or lesser probability.

In a paper published in 1936 *(20)*, I suggested that predictions can be made in two marginal cases: either if 'behavior is exclusively guided by the mature ego' or, on the contrary, if 'steering by the mature ego is practically completely excluded and behavior is exclusively directed by biological forces (instinctual drives) and the primitive attempts at solution, made by the immature ego', i.e., 'if the wealth of determinants of human behavior is diminished', *so oder so*.

[5] Even in our present state of knowledge we have some idea about this. In the 1930's when German writers were under great pressure to conform to Nazi ideology, Freud wrote to Thomas Mann in a letter of congratulation on his sixtieth birthday *(15)* that, as a psychoanalyst who did not believe in the omnipotence of thoughts, he would refrain from expressing any wishes, but that he could express his conviction that Mann would never do anything mean in life. We feel that something we call character, which can make people impervious to the lures of gain, can also prevent them from regressing under pressure from their moral standards—at least as long as pressures do not exceed certain limits. The reaction to extreme pressure may be different, as the history of torture reveals.

An example of the first kind would be the high probability of the prediction that, short of major events like the death of a close person, illness, or interruption of traffic, the average breadwinner will appear in his office or workshop on ordinary working days at approximately the same time.

As an example of the second kind, we may predict fairly well certain reactions in mental disease; e.g., what will happen if one tries to dissuade a paranoid friend from his delusion by commissioning a detective agency to investigate the alleged persecutions to which he believes himself to be subjected. When the agency's report has been submitted with the conclusion that no traces of the alleged conspiracy and persecutions could be found, perhaps even with evidence of a friendly attitude on the part of the neighbors, the paranoiac will not give it credence except, perhaps, for a little while. Soon he will not only have found reasons for maintaining his original convictions in the face of adverse evidence, but he will have worked out a system of hypotheses, accepted by him as factual, which will explain to his satisfaction why the agency report contained the allegedly erroneous conclusions.

Anna Freud suggested to me [at the time of the publication of the above-quoted paper], that predictions are possible not only in the two extreme cases but also in the many instances in between in which the two ingredients, primitive inner forces and the sense of reality, are mixed in a characteristic and stable proportion; such mixtures would form the essence of what is called character.

What all these cases—reality-determined behavior, behavior oblivious of reality, or a particular combination of objective and subjective elements characteristic for an individual—have in common is a *diminution of the number of relevant parameters* on which human behavior depends. Predicting, then, would be inauspicious as long as all the many factors which determine human behavior are operative, but it would become increasingly possible as the number of these variables diminishes.

## FREUD ON PREDICTIONS

In Ibsen's A Doll's House, the heroine, Nora, leaves her home and her family when her dream of complete mutual dedication in marriage explodes in her face. The appeal to consider her children does not move her; in her present condition, she says, she could not be of much use to them anyhow. One theatrical producer protested to Ibsen that this ending would not go down well with the public and he requested that Ibsen alter it. Under his prodding, Ibsen wrote an alternate ending in which Nora faints upon the mentioning of her children; presumably, she will stay for that reason. Æsthetically, the two versions will appeal to different persons; in actual life, either of them would be psychologically understandable. Either could be explained and considered as 'determined' after the event, but neither can be anticipated with certainty.

Freud described these conditions in the following passage in which he also suggested the reasons for our limited powers of prediction:

'So long as we trace the development from its final outcome backwards, the chain of events appears continuous, and we feel we have gained insight which is completely satisfactory and even exhaustive. But if we proceed to reverse the way, if we start from the premises inferred from the analysis and try to follow these up to the final results, then we no longer get the impression of an inevitable sequence of events which could not have been otherwise determined. We notice at once that there might have been another result, and we might have been just as well able to understand and explain the latter. The synthesis is thus not so satisfactory as the analysis; in other words, from a knowledge of the premises we could not have foretold the nature of the result.

'It is very easy to account for this disturbing state of affairs. Even supposing that we have a complete knowledge of the etiological factors that decide a given result, nevertheless what we know about them is only their quality and not their relative

strength. Some of them are suppressed by others because they are too weak, and they therefore do not affect the final result. But we never know beforehand which of the determining factors will prove the weaker or the stronger. We may say at the end that those which have succeeded must have been the stronger. Hence the chain of causation can always be recognized with certainty if we follow the line of analysis, whereas to predict along the line of synthesis is impossible' (*11*, pp. 167, ff.).

Freud made the same point in a small meeting at which I happened to be present and about which I reported on another occasion (*22*). He told about the following experience: A few months before the break, C. G. Jung came to visit him. At the dinner table, Jung reported a dream of the preceding night. He had fought against a medieval knight in armor whose shield carried the Swiss arms. Jung immediately added his interpretation of the dream that the Swiss knight meant the Swiss nobleman, Rudolph von Habsburg, ancestor of the Austrian dynasty, hence the Austrian, Freud. Dream and interpretation were received with the slight amusement that is usual in such circumstances. It was a few months later that Jung turned against Freud in a hostile manner.

Would it have been possible, Freud asked, to anticipate at the time of the dream that Jung would soon carry out in fact what he had just dreamt about? Freud answered the question in the negative. It could not have been foreseen because one did not know the strength of the intrapsychic forces. Hostile tendencies toward father figures are common, perhaps universal, phenomena among men. In most instances, they merely find expression in dreams, in an occasional minor break-through in the psychopathology of everyday life, or in an occasional act of discourtesy. Sometimes, they are expressed in neurotic symptoms. Whether they will lead to more serious action depends on the relative strength of these tendencies and of the restraining tendencies which come from positive affections, fear, or guilt.

It seems to me that the above-quoted lines of Freud contain the essentials for a clarification of the problem of determinism,

not only in individual life to which they refer but also of determinism in history and the question of historical inevitability.

Freud's explanation, it should be noted first of all, does not exclude the possibility of predictions altogether; in all cases in which there is no conflict or in which one side of the dilemma is clearly stronger than the other, one can predict with fair accuracy.[6] It was predictable that Lear would not humiliate himself before Goneril and Regan; that once disaster had closed in on him, Macbeth would meet his fate with desperate courage; that Othello would react very strongly to the mere idea of his wife's infidelity. The leader of world communism, it can be safely predicted, will never become a Trappist monk. These things would be too much 'out of character'.

It is only where human action is the outcome of a close contest of inner forces that different outcomes appear possible and predictions become tenuous. The situation is comparable to that in a national election in which a small fraction of the electorate can swing the result either way; the result is then at the mercy of 'chance', of accidental factors, and is not predictable.

Freud's remarks may also explain the bewildering feature that has bedeviled human speculation since earliest times, namely, that human actions appear to be both determined and free, a paradox which has led authors of such vastly different intellectual background and experience as Niels Bohr or E. H. Carr, and many others with them, to view determinism and freedom as equally true, depending on the perspective. Things

[6] My earlier attempt, discussed above, to deal with the question of predictive ability follows from the freudian explanation and is, in fact, a special case of it. If a person is moved exclusively by the id and primitive mechanisms, or exclusively by ego purposes and the reality principle, one or the other side in the struggle between primitive forces and higher forms of integration is powerless; hence, a fortiori, the relative strength is known, i.e., the strength of one side is practically zero.

The same reasoning applies to the 'amendment' advanced by Anna Freud in the above-mentioned discussion: when there is a known stable ratio between the two kinds of forces, the relative quantitative strength is once again known, hence predictions are possible.

always appear fully determined in retrospect; the various forces involved have participated in the outcome according to their respective strength, and this strength is visible in retrospect. Before the event, however, when these quantities were as yet not fixed, or incompletely known, the outcome appeared as not determined, hence as 'free'.

The question further arises whether our ignorance of the quantitative factor merely indicates a *lack of information* on our part *or* an *indeterminateness* in the things themselves. If the former is the case and we have to do with lack of information only, we should have to ask further whether the missing information might yet be supplied by appropriate research from which we could learn how to measure these forces, or whether the uncertainty is inherent in the situation itself so that any measurement would necessarily be inadequate. To sum up: Are we ignorant of the quantitative strength of the forces involved because 1, we have as yet devised no ways of measuring them; or 2, because no sufficiently exact measurement is possible under any circumstances; or 3, because their relative strength changes constantly in a random manner, like the motion of particles in the Brownian movement?

In the first case, the obstacle would merely lie in the limitations of our present knowledge and skills; in the second, in the conditions of measurement; in the third, it would lie in nature itself.

The first possibility would clearly be the most harmless as it would be only the kind of impediment that is likely to be eliminated or at least progressively diminished with the progress of science.

There is reason to assume, however, that the obstacle to accurate measurement is more fundamental than that and not entirely remediable; it seems to rest in the second and the third points.

As far as the problem of measurement is concerned, there is no indication whatever that psychic quantities like cathexes could be measured in the way physical quantities like space,

time, and weight are being measured, by coördinating them to standard units (as, for example, stretches of time are to periodical movements such as the rotation of the earth or the swing of a pendulum).[7] The only way in which any approach to the question of measuring psychic quantities seems at all auspicious is on a comparative basis, i.e., not in the manner of physics but in the manner of economics. In economics one 'measures' the strength of human wants in terms of the price that people are willing to pay for their satisfactions, i.e., in terms of the things people are willing to do without in order to secure them. One thus arrives at an order of urgency of different wants, and this order is revealed by actual behavior. Similarly, we psychoanalysts could perhaps 'measure' the strength of drives relative to each other. It is not unthinkable that we might in this way arrive at a relative quantification, somewhat comparable to demand and supply curves in mathematical economics. But it would still be actual behavior that served as criterion; i.e., a tendency is proved to have been the stronger one by virtue of the fact that it has actually prevailed. If relative strength of cathexes is thus inferred from actual behavior, one cannot predict behavior if this prediction requires the previous knowledge of these cathexes. We cannot predict the outcome through measurement of the strength of the forces involved if we need that very result to make the measurement.

But perhaps, it may be argued, one will find ways of measuring the strength of the forces by something short of their actual clash in real life, perhaps by a kind of sampling comparable to that applied with considerable success in public opinion polls. But no such sampling appears to be possible in matters of the mind; I can conceive of no test that would measure the relative strength of a person's love for another—say, for his wife or his

[7] It may be interesting to remember that such a system of measurement was once considered by Schilder *(19)*. He thought that one could search for pharmacological equivalents of psychic phenomena, i.e., the amount of a particular drug that would produce the respective phenomena. Any attempt to carry this appealing idea into practice would lead to great, probably insurmountable, difficulties.

children—and his egotism under extreme circumstances, in a 'moment of truth', so that one could predict whether in such an emergency he would save himself or the other. There are instances in which one side is conspicuously stronger than the other, and in such cases the outcome may not be in much doubt. But in many cases the two forces are not so vastly different in strength for the outcome to be a foregone conclusion and, if this is so, no test that lacks the seriousness of a life-and-death matter can show which side would prevail in an actual showdown. Only the real situation itself and not a miniature replica of it would reveal 'the truth' of the matter. This kind of test is, of course, impermissible on moral grounds; but even if it were not, it would not answer our question because it would prove nothing for the next occasion. An experience in earnest would have so profound an impact upon a person that it would change the constellation of inner forces. What was true this time need not be true on another occasion, with a person changed by the very experience. That is the story of Joseph Conrad's Lord Jim. He once failed in a critical life situation and behaved as a coward. This memory weighed heavily upon him throughout his later life; faced with a second trial, he met it like a hero.

But our ignorance of the quantitative conditions may be even more fundamental than such irremediable obstacles to accurate measurement and may lie in the facts themselves. There may be a constant change in the relative strength of forces in an irregular fashion, comparable to the situation in very close elections in which a last-minute shift of small groups of voters or a last-minute change in voter turnout may swing the election either way.

We may then sum up the situation as follows: that there are only limited possibilities for accurate predictions, and that this state of affairs is not just due to the 'youth' of our science or to our alleged failure to adhere to rigid standards of investigation and verification, but to factors which appear to be inherent in the subject and which therefore are, on the whole, unalterable.

Yet, while this is so, there seems to be no point in proclaiming a doctrine of complete, universal determinism. Claims of total determinateness can be made good only by the actual delivery of predictions. Claims that go beyond the possibility of substantiating them are, at best, working hypotheses; at worst, they are like checks without coverage. Sooner or later, they will cause trouble; they interfere with the precise formulation of the data of experience which is a prerequisite of fruitful theory formation.

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# PSYCHOANALYTIC STUDIES ON ADDICTION: EGO STRUCTURE IN NARCOTIC ADDICTION

BY ROBERT A. SAVITT, M.D. (NEW YORK)

The craving for narcotics is the most malignant of addictions: it presents the dynamics of the illness in its purest form and best reveals the difficulties encountered in therapy.

Glover *(7)* classifies the narcotic addictions as malignant transitional states between the psychoneuroses and the psychoses, but they are perhaps better regarded as a symptom complex rather than a disease entity, and as such may be included as a part of varied psychic disorders. These comprise schizophrenia, depressive states, psychoneuroses, perversions, 'borderline' states, and 'character disorders'. As the common trait of the addictive process is impulsivity, it is generally included in the category of impulse disorders of which it is a prime example.

'They [addicts] act as if any tension were a dangerous trauma. Their actions are not directed (or are less directed) toward the positive aim of achieving a goal but rather more toward the negative aim of getting rid of tension; their aim is not pleasure but the discontinuance of pain. Any tension is felt as hunger was felt by the infant, that is, as a threat to [his] very existence' *(4,* p. 368).

Fenichel's observations are worthy of emphasis because much has been made of simple pleasure-seeking among addicts. To inject a narcotic is indeed gratifying to the addict but the pleasure is a pathological, chemically induced euphoria that overshadows the desperate need to escape from an intolerable tension. Gifford, in a paper on sleep, time, and the early ego comments: 'The predisposition to addiction . . . has a special interest, because the need to reduce reality perceptions, abolish

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From the Division of Psychoanalytic Education, Department of Psychiatry, State University of New York, Brooklyn, New York.

time sense, and withdrawal from the human contact suggests an early period when object relations existed only in terms of gratification, and the infant required a specific substance but an undifferentiated person, and all sensations from the environment were experienced as unpleasure' *(6)*.

It would appear that the elation which the heroin addict experiences has been stressed out of proportion to the sleep or stupor which often soon follows. The euphoria is frequently short-lived and sleep supervenes until craving for the drug awakens the addict. Like the infant who alternates between hunger and sleep, the addict alternates between hunger for a drug and narcotic stupor.

In support of this, Weider *(14*, p. 8*)* describes the 'high' as a state of lethargy, dreamy stupor, and sleepiness, the main interest focused on going to sleep. Lewin calls hypomania and stupor the 'psychological equivalents of biological sleep'. Both act in the service of denial and 'both are the result of an intrapsychic fusion with the breast at nursing, but only a stupor reproduces the infant's sound sleep. . . . Viewed as a problem in sleep psychology, the difference between the artificial excitements of drug intoxication and the natural manic and elated states becomes more evident. The manic does not follow through in his approach to sleep; the pharmacothymic patient does. . . . The manic gets only so far in his descent, the pharmacothymic ultimately all the way in his drug stupor' *(10)*.

It is my impression, however, that symbolic fusion with the breast is not an adequate appraisal of the more malignant forms of addiction. The person who needs to inject the drug intravenously requires more rapid protection than those who are gratified by the oral incorporation of need-satisfying drug supplies. Unless tension is completely obliterated, he is left in a situation akin to the undifferentiated state of the neonate, which Freud *(5)* describes as the period in which the infant, not yet able to bind tension, is flooded with stimuli against which there is no adequate apparatus of defense.

The heroin addicts described here appeared to be in just such

chronic states of intolerable tension until they found release in opiates. None of the patients in our study had any support from an adequate parent. When an infant's basic needs for sustenance and love are fulfilled, he falls asleep. The addict had not been given such help and as a result the process of falling asleep is disturbed because of an inadequate discharge of the cumulative tension. He seeks desperately to fall asleep as a surcease from anxiety, and the drug provides obliteration of consciousness. Well expressed in the vernacular, the addict 'goes on the nod'. Through the vascular channel the addict achieves a rapid regression to primary narcissism.

Our study showed that the addicts to heroin were grossly neglected and unloved by their mothers. Three of the mothers were a type of 'career woman'. The fourth was so ill physically and emotionally that the infant was shunted from one relative to another and received no consistent care from the mother until his fourth year. All of the fathers were passive and inadequate men. None of the parents was judged to have been psychotic. The infants were not physically unattended but the postnatal, as well as the prenatal, emotional climate was a tense and discordant one, and one or both parents were ambivalent about having the child. The children grew up suffering from 'emotional marasmus'. Each gave evidence of an infantile depression. Although a history of this kind is by no means a direct cause of addiction, it appears to be a potent factor in the predisposition to its development.

Four heroin addicts were treated psychoanalytically. Each was in his late adolescence and came from a good economic background. Only one completed treatment and he made an eventual recovery *(12)*. All are described briefly.

A precocious young musician had had his promising career disrupted by his morbid cravings. From birth the mother left his care to others, and not until the age of four was he somewhat

integrated into the family group.[1] When he entered treatment he was in one of his periodic states of exile from his family, living occasionally with his grandparents. Usually, however, he wandered around in the demoralizing atmosphere of the various 'pads' occupied by fellow addicts.

One of his earliest statements was, 'Once I get something into my body I feel safe'. He spoke of himself as a milk addict and lover of sweets. An injection of heroin proved to be unconsciously equated with the incorporation of mother-breast-food. He had previously gone through the gamut of oral substitutive gratifications: alcohol, marijuana, and opiates by mouth; also several periods of abnormal craving for food during which he became moderately obese. From sixteen to eighteen he passed through a stage of sexual promiscuity and hypersexuality from which he had regressed into occasional homosexuality.

For this patient the incorporation of heroin also meant being swallowed and engulfed by mother. Thus, in one intravenous injection a mutual incorporation of mother and child was achieved. An early dream exemplified the essence of his regressive wishes:

> He was in a garden under a cherry blossom tree and the petals were falling on him gently. The grass was green and soft. Then he was in the black waters of a lily pond, floating. He felt warm, relaxed, and comfortable.

Addicts frequently report a sensation of warmth, of floating, of being 'wrapped in cotton batting'.

Another instructive dream occurred during an attempt at withdrawal from the addiction:

> He went to a doctor who gave him a prescription to a druggist named Wiener. The prescription stated that he could have forty-five dollars worth of anything he wanted. He decided on

[1] It is noteworthy that his twin sister, who had been reared in the immediate family milieu from earliest infancy, was reported to be in good mental health, and at the time her brother was in disgrace and exile, she was pursuing a successful college career.

ten dollars worth of morphine, twenty-five dollars worth of dolophine, and ten of barbiturates. He was going to 'kick the habit', but he would keep the morphine as an insurance in the event he needed it while doing so.

The dream provides for the gratification of all contingencies and all basic wishes; a well-supplied addict has all three drugs in reserve. Morphine or heroin taken intravenously provide the ultimate in relief; dolophine, an opiate taken by mouth during withdrawal, can be used as a temporary substitute when morphine is not available; barbiturates insure the wish for sleep. He often complained bitterly of insomnia and begged to be given drugs or prescriptions. The addict also exemplifies Lewin's oral triad: the wish to eat, the wish to be eaten, and the wish to sleep.

Actually he knew a druggist named Wiener from whom he had at times obtained drugs. This he associated with the analyst, the 'weaner', whom he hoped to seduce into supplying him with drugs. He then spoke of his 'connection' with a drug peddler from whom he could purchase relief at a price.[2] All three—the 'mother', the druggist, and the psychoanalyst—were potential sources of enormous supplies with which he might find an end to tension. Forty-five dollars was the amount he had recently received for pawning his musical instrument to purchase heroin. Without his instrument he could not work to earn a living. In this way he assured his complete dependency.

The dream also represents the greed and distrust with which the addict faces the future. The next moment is the future and without drugs he feels threatened with a starvation equivalent to annihilation.

Another patient typified the greediness, insatiability, and intolerance for delayed gratification of some addicts. He characterized himself as a 'pig', a term in the argot of the addict ap-

[2] In the jargon of the addict the supplier of drugs is spoken of as a 'mother', or a 'connection'. The fusion with the maternal object on the most primitive level as the source of all gratification is thus explicit.

plied to those who do not ration a drug but take it all within a matter of hours. A borderline schizophrenic, he described his habit when he had got a week's supply of heroin. He was not content taking a 'shot', savoring its effect, and then waiting for the next dose as the need arose; rather he consumed this large supply within ten to twelve hours. He reacted as if each injection was forever his last. His greedy demand for instant and total satiation was based on his innate distrust: he too had been a neglected infant who had had many feeding difficulties.

This is an example of an archaic type of object relationship in which incorporation is linked with the total destruction of the object—that is, the drug—purely for the pleasure derived from it. Asked how much of a dose of heroin he considered enough, this patient replied that there was never enough up to the point of losing consciousness in a profound and deathlike stupor. The 'pig' occasionally brings about his suicide by a gluttonous overdose. In the extreme, the confirmed addict is not content to sleep; he wants total obliteration. As Rado says, 'He wishes to dispel forever his anxiety and tension' *(11)*.

The development of physiological tolerance to the drug makes it possible to consume a week's supply of heroin in a matter of hours. This tolerance is an important factor in such behavior but by no means is it the salient one. It is only a complication, a secondary elaboration of the addiction. Seevers *(13)*, a research pharmacologist who has conducted extensive experiments on monkeys, has noted that the physical dependency seen in man can be reproduced in monkeys. Wikler *(15)* noted the same in chimpanzees but emphasized that there was no evidence of a tendency toward relapse. In fact no one has been able to reproduce in any species other than man the desire to return to the drug after recovery from the withdrawal. The rate of relapse following withdrawal cure is exceedingly high, even after weeks or months in a hospital. Rado has stated this clearly: '. . . not the toxic agent, but the impulse to use it makes an addict of a given individual' *(11)*. The impulse to use drugs is the reflection of the individual's overwhelming psychic need

for total fusion with the mother in a desperate attempt to relieve tension and depression, and the repeated dosage is the evidence of insatiability. As Fenichel views it: 'The word addiction hints at the urgency of the need and the final insufficiency of all attempts to satisfy it' *(4)*.

An example of insatiability in an addiction without use of drugs may clarify this point. The addiction of a homosexual was expressed by prurient urgency which on many occasions brought him close to social and professional disgrace. He spent his evenings prowling the streets, in homosexual haunts, looking for a man with a big phallus. Some nights he spent in Turkish baths which were really male brothels. There, in his frenzied and insatiable craving, he went from one man to another to have fellatio performed on him. These excesses at times continued to the point where his penis oozed blood. Rarely was there a semblance of orgastic gratification; usually only frustrated exhaustion and disturbed sleep resulted.

Benedek *(1)* speaks of confidence as 'an emotional state of the infant which has developed through multiple repetitions of the gratifying experiences of symbiosis. The concept implies an ego organization in which the effects of the libidinal relationship with the mother through introjection have become a part of the mental organization of the child.' Nothing of this can have been experienced by the infant who later becomes an addict. He has neither confidence nor hope from the 'qualities of ego organization' that would enable him to tolerate a present deprivation in anticipation of a future gratification or gain. 'Confidence and hope maintain the ego through a period of waiting.' Because addicts are not so endowed, they rapidly become disorganized and regress to a level of primary process behavior which brooks no delay in the wish for gratification. This is what makes the addict so immoderate in his search, sometimes leading him to criminal violence.

The infant crying to be fed is said by Benedek to be in a state of regression to the undifferentiated level. Feeding dissipates

this regression and the child 're-establishes his ego', relaxes, smiles, and falls asleep. Compare the addict in the disorganizing throes of drug hunger: his symptomatic version of the crying fit consists of lacrimation, rhinorrhea, tremors, muscle twitching, and intense motor restlessness. With the injection of the opiate, the symptoms subside, relaxation ensues, and sleep supervenes.

A very bright woman, unfamiliar with psychoanalytic concepts or literature, eloquently described her struggle as she attempted to wean herself from a morbid craving for cigarettes. 'My regression', she said, 'becomes so complete . . . I go back a hundred miles an hour and I again become the center of the universe and nothing else matters. I can't concentrate on my work. Everything becomes single-minded . . . my whole life becomes dedicated to the struggle about smoking. It's been a hell, not smoking. I had finally to smoke last night and did smoke six cigarettes. One should be in a sanitarium. It's all or nothing. I can't smoke in moderation.' The following day she reported: 'I'm in a terrific struggle. I've regressed to two years. I've an insatiable craving. I'm angry at people, frustrated. As a substitute for smoking I eat and eat but it's not satisfying enough. My back is in a knot, it's ghastly. During the day of abstinence I was ranting and raving. Once during the day I stole a cigarette and felt immediately relieved. It's just like a baby screaming for the bottle or pacifier. I can't pay attention to anything else. The knowledge that I have to give up cigarettes increases the craving. The mere threat of deprivation sets up the craving. My maid said to me that my need for cigarettes is like a baby screaming for his bottle.'

This type of disorganization and regression is clearly illustrated in the case of an opiate addict who was referred for treatment by a judge of the criminal courts. Desperate one night for heroin, and without money, he held up the night clerk in a hotel. His habitual mildness and passivity cloaked an intense sadism. He had participated in several other 'holdups', in many

minor thefts, and had once nearly knifed his father. His aggression was often poorly contained and was readily externalized. In prison he had been a model of good behavior.

The following is one of his first dreams during analysis.

> He was in a doctor's office. The doctor was an obese female with large, full breasts. High above her head, out of his reach, she held a hypodermic syringe. With anger he said to her, 'Stop teasing me. Give me what I want!'

The female doctor is his obese and big-breasted mother who had often teased him seductively with short, inconstant periods of attention and affection when she was not engrossed in her business. The analyst too is 'strictly business' and teases him with the eventual rewards of a cure. But he cannot wait that long. What he wants are heroin and morphine and he hopes he can break me down into giving them to him.

The analyst-mother disappoints him just as his own mother had failed him. The plea for the hypodermic is the more regressive wish to bypass oral gratification, as represented by the large breasts, in favor of the immediate, primitive, and archaic means for satisfying hunger.

In his daily drug routine at home this addict used drugs both intravenously and orally. Following an injection he experienced sucking movements of his lips as he began to doze. He would awaken, light a cigarette, puff at it, and doze again, only to reawaken with a start. This was his typical method of 'going on the nod' which was often accompanied by pleasant reveries while chain smoking. He had fantasies of a life of ease on a South Sea island beach, attended by slaves who catered to his every whim; or he fantasied he had a hypodermic in his vein, uninterruptedly supplying him with heroin.

Chessick *(2)*, in a recently published paper, supplements some of these observations: 'The patients wanted to be close to a motherlike figure who would be able to satisfy their every need without even the necessity of their asking for it. The mother figure was seen as an extension of [self], leading to a parasitic

state in which the patient's every disturbance of homeostatic balance [was] immediately and automatically corrected by the mother-extension.'

On one occasion the above patient had purchased some heroin from his 'connection' and was walking along the street with his fist tightly clenched over the little packet. He saw an attractive woman approaching and thought, 'She's so sexy, I'd like to make her'. In the next moment, as she passed, he spat on the ground and said to himself, 'To hell with her. I've got my love in the palm of my hand.' Indeed, all of his libido had been displaced onto this little packet of heroin. He was a virtual parasite with archaic object relationships. Socially, he was the most regressed of the addicts studied. He functioned in a narrow range between fixation and regression, between primary process and poorly developed secondary process behavior.

It is well known that opiates reduce or eliminate sexual desire *(15)*. In all of my patients the immanence of incestuous wishes was at times an overwhelming threat which was seen as a motive for an increase in the addictive craving. There were instances of the defensive need to regress to primary narcissism where all sexual wishes, genital as well as pregenital, had to be denied. This seemed evident during the intervals of deep narcotic stupor in which libido was withdrawn from objects. During less regressed states pregenital wishes came to the fore in which the drug was equated with breast, food, warmth, and clinging. This was particularly evident in one case.

A nineteen-year-old youth was still called 'my little boy' by his seductive mother. Whenever her husband was away on business she would suggest that her son sleep in his father's bed. The following dream was reported by the patient during one of these periods.

> He is in a large bed with a beautiful woman. On the night table next to the bed are two huge bottles, each containing candy balls full of morphine and heroin. In the corner a man is taking a hypodermic injection.

On the day preceding the dream he had seen such candies in a confectionery and, overwhelmed by a need, purchased some. This candy his mother had often brought him during his childhood when she returned home from work. As a child he would crawl into her bed in the morning and implore her not to go to work. His mother was a handsome woman and the bottles were readily associated with her breasts. The man in the corner of the room injecting something into his arm is the patient surreptitiously injecting heroin (masturbating). The man also represents his father and the dream reflects the primal scene. Does the dream also signify the wish for a total fusion with mother as well as a union with her breast?

This patient went on to eventual recovery. By the time he became addicted, he had already attained a higher educational level than the others described, and during treatment he was able to deal effectively enough with his academic studies to maintain passing grades; also his motivation for help was more sincere. Although abandoned psychologically by his mother at the age of three months, the family unit was re-enforced by a mother surrogate in the person of a maid of the benevolent, loving, 'mammy' type, who remained to look after his needs until his seventeenth year. On many occasions his mother had wished to terminate the maid's employment, but he would negate this with the reproachful accusation, 'Don't fire her. She's been more of a mother to me than you have.' As he became a drug addict after the maid left the family circle, it would appear that drugs were used to fill the void which she had filled for so long.

A positive transference eventually enabled this patient to develop sufficient ego strength to tolerate gradually delayed gratification. When this was impossible, he resorted to limited doses of heroin which relieved tension. But his maturing ego now obviated the desire for regression to the undifferentiated state as exemplified by his previous needs for narcotic stupor.

The intravenous injection follows the route that once bound

the fœtus to the mother in a parasitic union. In a highly speculative paper on process in psychosomatic disorders, Greene *(8)* refers to the umbilicus as 'another aperture' in the development of the organism. 'During the umbilical stage of development the vascular system can be considered in a position comparable with the gastrointestinal tract at a later period. . . . During the umbilical stage of development the organism's relations with the mother are carried out by way of the circulatory system.'

Observing the depression of an infant with a gastric fistula, and noting the marked regression and its relation to the meaning of the observed biologic phenomena, Engel and Reichsman state: 'In this development we see the reinstatement of the heightened stimulus barrier of the earliest neonatal period and a return to corresponding sleep states. This suggests the existence not only of a preobject stage, but also a preoral stage of primary narcissism in which the organism takes no active part in its own alimentation. This is normally the situation of the fœtus. While it is hardly justifiable to postulate a true regression to the fœtal state, one is certainly impressed with its similarities' *(3)*.

The addict has such an archaic ego that it is readily vulnerable to the threat of disintegration. When there looms the possibility of being overwhelmed by the id, there is a desperate need to defend itself against annihilation. Does this urgency determine the choice of the vascular route as the avenue of intake?

The vascular system is the most direct avenue for the incorporation of nutritive supplies. In medical and surgical emergencies life-saving measures are often instituted by infusions and transfusions. The addict bypasses the oral route and unwittingly imitates the fœtal relationships with mother by a symbolic representation. It is a restitutive attempt through an archaic introjective mechanism to re-establish the lost object relationship. This concept is proffered here mainly for its heuristic value.

Rather than regression to an intrauterine state, it resembles a type of regression described by Keiser *(9)*. One of his patient's

associations 'led to both fusion with the breast and a fantasy of return to the womb. But the latter fantasy meant that his intact self remained inside his mother and that he was fed by her blood stream. In this way the patient not only denied his oral aggression, oral erotism, and separation from the mother, but the possession of an orifice for feeding. The same considerations hold for his attachment to the breast.'

## SUMMARY

In the psychopathology of the addictive process the most malignant form is addiction to narcotics. Object relationships are on an archaic level and the addict is unable to experience love and gratification through the usual channels of incorporation and introjection. Tension and depression become unbearable and in the process of regression the ego is overwhelmed by the threat of disintegration. Like the neonate, the addict has no ability to bind tension. Because of the inability to tolerate delay, he seeks an emergency measure which bypasses the oral route of incorporation in favor of a more primitive one, the intravenous channel.

He injects a tension-relieving opiate which immediately restores the integrity of the ego. But what is restored is merely the relatively fixated archaic infantile ego by which the addict survives from one drug feeding to another, with indolence, semistupor, or sleep between feeding. The vicious cycle repeats itself whenever the drug hunger appears. With the rapid repair of the distintegrating infantile ego, perception is diminished or obliterated and the process of denial is served. The question is raised: Does the injection symbolically represent an attempt to re-establish a total fusion with the mother as well as a union with her breast?

When we speak of the archaic ego in the addict, we do not set a limit on the concept of its extent or potentiality for maturation. We do not yet know how far the psychotherapeutic process will provoke ego maturation in the addict. In the cases

described the ego of the criminal addict was the most archaic. The one who went on to recovery had the more mature ego to start with and, of the four, he alone was capable of developing a classical transference neurosis during psychoanalytic treatment.

Pertinent questions arise. Why do not other patients with apparently similar hunger needs develop narcotic addiction? Why do so many resort to alcohol, to barbiturates, to food, and still others to hypersexuality as a way of dealing with tension? Is there a recognizable additional factor? The mother-child relationship appears to be crucial, but this is equally true in many other psychiatric syndromes. Attention is called to the first patient mentioned in this paper. For several years he went through the gamut of varied addictions before he became a confirmed opiate user. Of the four addicts, he seems to have been the most deprived during his infancy. He did not have the advantage of object constancy and a consistent relationship with his mother was not effected until he was four.

While the core of the addictive process exists in all of us in such benign forms as cravings for food, tobacco, candy, or coffee,[3] the vicissitudes of early ego development and later ego maturation which facilitate fixation and encourage regression appear to play a dominant role in predisposing an individual to the development of the crippling, morbid craving.

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# RESEARCH ASPECTS OF PSYCHOANALYSIS

BY ISHAK RAMZY, PH.D. (TOPEKA)

## I

The revived interest of psychoanalysts in research is probably not due to newly won security or acceptability of psychoanalysis, nor is it an attempt to catch up with the contemporary status of research in the various fields of pure or applied science. The oldest and most comprehensive definition of psychoanalysis is that it is a therapy, a body of knowledge, and a method of research *(10)*. The contemporary renewed interest in psychoanalytic investigation is thus mainly the revival of a basic function of the discipline—a function which had waned, had been taken for granted, or had been embarrassedly concealed. However, this revival of interest in research differs from that of the pioneering generation in one important respect: whereas in the earlier days psychoanalysis had an almost fanatic zeal to be on its own and a defensive disdain of contacts with other sciences, the newer policy eagerly seeks not only to establish such contacts, but also to adopt the methods of other scientific disciplines, thus subjecting psychoanalytic research to the dicta and requirements specifically designed for research in fields other than psychoanalysis.

We have thus increasingly become accustomed to hearing many loud and quite learned voices that charge psychoanalysis with flagrant violations of scientific method as practiced by all the well-established disciplines of human knowledge. These criticisms range from the alleged tendency of psychoanalysis as a science to neglect the general principles of science, to the uselessness of psychoanalysis as a therapy in the severe forms of mental disorders, and the waste in employing it for the milder complaints. From the writings of psychoanalysts themselves,

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these critics can quote several authors who concede that psychoanalysis has neglected the scientific rules for making hypotheses, testing them by observation and experiment, using controls, making predictions, and testing the validity and reliability of its findings—not to mention that it has neglected to apply all this to large enough samples and has failed to verify the results according to modern statistical procedures. The craving of psychoanalysts to find shelter under the umbrella of natural science and to adopt its methods is considered a further proof of what an illegitimate science psychoanalysis is—a pretentious discipline precariously built on haphazard, uncontrolled, unrecorded, unquantifiable observations which lack comparisons or follow-ups and do not allow accurate verifications; a science whose theories are not even stated in a coherent way, a clear language, or an acceptable set of concepts.

It was the wise tradition of psychoanalysis neither to make apologies nor to engage in polemics, since it came to know only too well what sustains the rational façade of the arguments against its findings. However, not only do the times of isolation seem to have gone with no prospect of return, but also the new contacts with the other disciplines of knowledge are closing in on psychoanalysis to the extent that some attempt at defining the psychoanalytic method needs to be made, pending a full explanation.

To write a brief in defense of the psychoanalytic method against its external critics is a manageable, though probably unfruitful, task. But when the critics are joined by some unequivocally learned and experienced psychoanalysts, one begins to wonder and to worry. A careful scrutiny probably would lead us to the surprising and disquieting discovery that the dissatisfaction with psychoanalysis as a scientific method shown by those psychoanalysts who obviously know what scientific method is, arises from the fact that they do not practice what they have come to preach, either about scientific method, or about psychoanalysis, or both. In their writings we are explicitly told that the psychoanalyst deductively 'jumps' to his interpretations because

in his training he has learned a set of concepts which was established and developed by other workers before him *(4)*. It is well established, on the contrary, that the habit of the ordinary psychoanalyst is only to comprehend and interpret what he gets directly from the patient's train of thought, and not from the concepts or assumptions that were showered on him during his training, or those which fill the books and periodicals in psychoanalytic libraries.

The clear and pointed words of one of the earlier distinguished research workers in psychoanalysis may provide a better rebuttal on behalf of the psychoanalytic method. Thomas French said: 'Even among psychoanalysts there is considerable confusion about the relationship between psychoanalytic theory and our interpretive method. Interpretation must start with theoretical preconceptions, they say. Yet psychoanalytic theories owe their existence to our interpretive method. If our interpretations start with these same theories, then we shall be reading back our preconceptions into the facts. On the contrary, the reliability of our method depends on our training ourselves to use common sense quite naïvely and divesting ourselves as completely as possible of theoretical preconceptions' *(9)*.

Concern need not be felt about research being undertaken in reaction to the allegations against psychoanalysis. What we have to consider are the efforts generously expended by a considerable number of solid psychoanalysts and to look at the directions and views they are taking about research.

Before dealing with this, however, one point has to be made explicit and clear. It is neither illogical nor useless that those psychoanalysts who have the interest and the time seek explanations for one psychoanalytic concept or the other by investigating it within the context and by the methods of neighboring disciplines. Endocrinology, brain metabolism, ethology, epistemology, or even parapsychology, may provide, in the short or the long run, answers to some of the questions, or all the questions, that we are attempting to answer. Investigations in these fields are not only feasible, and possibly more controllable, but

also perhaps more humanly rewarding than our slow analytic efforts as individuals or groups. One gain, at least, is certain. That is a gain by default: learning more and more of what psychoanalysis is not will allow us to see more clearly what psychoanalysis is.

The only risk involved in this trend is when such work is taken by the psychoanalyst as a substitute for working with the standard psychoanalytic method. Of late we have been told, for instance, of answers to matters of pleasure and pain derived from familiarity with symbolic logic and of views on human infancy borrowed directly from ethology. However, the views we will deal with in what follows are largely immune from the overzealousness that drifts away from the main stream of psychoanalytic work.

## II

There are two main currents with regard to psychoanalytic research: the one can be distinguished by its inclination toward speculation, and the other by its activities in application.

Those who are mainly concerned with the theoretical problems of research in psychoanalysis may be classified into two categories. The first one is composed mainly of psychoanalysts in Britain, who recognize the wide gap between 'the dyed-in-the-wool analyst and the hard-boiled experimentalist', a gap which they consider as stemming from emotional ideologies. With dry humor these analysts claim that a 'fundamentalist freudian is as much of a menace as a fundamentalist Christian'. To protect themselves from being called names, they discuss seriously matters of the hypothetico-deductive method, followed by issues of falsifiability, crucial experiments, operational definitions, and so forth. Once they have intelligently done this, they plaintively project their concern with the whole subject onto what has reached their shores with 'the flood of transatlantic work and propaganda in the psychological field'. The issue seems to get settled in the light of a utilitarian philosophy, whereas theoretically the conclusion is that 'the level of

satisfactory proof required and reached in the discourse of experimental and objective psychology is much higher than that reached in psychodynamics. . . . But the discourse of the experimentalist and objectivist is marked by its relative inutility' *(7)*. With such a conclusion, very little research in psychoanalysis proper is advocated or done. Each group of workers goes its own way, and the individual psychoanalyst, if he is so inclined, adopts two identities, that of the experimenter and that of the analyst. He thus may do some work in a laboratory or a hospital, but practices psychoanalysis along the trodden path. The second category is in the United States, where the scene is different: those who are conversant with the theoretical aspects of research usually go further and make some practical attempt at doing research.

The speculative aspect of any investigation is, according to the very rules of scientific method, a necessary step which methodologists call 'mental experimentation'. Much of the 'mental experimentation' of which we hear nowadays, from both sides of the ocean, is often characterized by verbal inaccuracies and conceptual shortcomings which inadvertently lead at times to psychoanalytic errors. One such error is equating the process of psychoanalysis with the method of psychoanalysis; another is assuming that the 'therapy is predicated upon the body of psychoanalytic propositions'; and still another is considering that 'prediction is the tool of the scientific method' *(1)*. From direct exposure to the techniques of other disciplines, some writers plunge head on into a reifying of such concepts as validity, quantification, and reliability. The intricacies of method in neighboring fields, appearing seductively simple, often lead to artificial and hurriedly designed maneuvers to prove that the 'research analyst' can employ the same research devices as are being used by nonanalysts.

However controversial the opinions may be about the methodological details connected with research, the consensus, at least among psychoanalysts, is that psychoanalysis started as an empirical science and is being developed as an empirical science.

By 'empirical' here is meant simply what is derived out of the observed external events, not out of the psychoanalyst's musings or speculations. Once it is admitted that psychoanalysis is founded on an empirical basis, it also will be generally acknowledged that the cornerstone of such an approach is observation and experimentation. Because of the limitations of our knowledge so far, and because of the nature of the phenomena we are dealing with, we are not free as yet to make experiments, even if we could design some. Experimentation in any science is a stage which usually comes subsequent to observation. In any case, there are still very advanced sciences which depend mainly on observation rather than on experimentation. And limiting though this may be, it neither hampers the search for knowledge nor slights the scientific prestige of observational disciplines.

To make good observations requires two steps: first, to arrive at an exact description of the phenomenon observed and, second, to make a detailed and complete record of the phenomenon under study and of all the particular circumstances which the observer supposes may have any connection with it. This is why we have to take the utmost care while making scientific observations 'to keep all our senses active' *(11)*, so as not to let anything slide by without notice. In other sciences of nature, many measuring and registering instruments have been devised to help the human senses, to broaden their boundaries, and to correct their inaccuracies. To make use of the huge amounts of observations collected, however exact such observations and accurate our records may have been, we must take another essential step, namely, put some order into the collected facts so that we may be able to comprehend or explain them. This fundamental work, which is an essential complement to observation, is to classify what we have gathered. Classification is thus considered one of the major tasks of natural science.

It is perhaps because of the obvious nature of what has just been said that contemporary research workers in psychoanalysis overlook the importance of such an initial step in any scientific investigation. In fact, it is not they alone who need to

be reminded of this oversight. Whole generations of psychoanalysts so far have not paid any attention to improving their ways of using the observational method. It is not that the psychoanalyst does not observe; he may be one of the most observing scientists that has ever existed. He is not confined to using one sense—by the nature of his work he uses his ears more than his eyes, and sometimes he cannot help using even his olfactory sense. And while conducting his observations he is all there all the time. One of the most inaccurate and self-maligning notions about the psychoanalytic observation is that it depends on the so-called free-floating (or evenly suspended) attention, which is as erroneous an expression as the usage of the phrase 'free-association'. In fact, the psychoanalyst's attention hardly ever flags and is hardly ever suspended. The psychoanalyst does use all the sense modalities that his functioning as a psychoanalyst allows him to use and tries to employ all the layers and aspects of his mind which are useful for the study of the phenomena he is attending to.

With such a need to direct all his attention to what he observes, and with the number of the events he observes, he cannot keep a full record of what he observes. Even if he can train himself to free some of his attention to the function of recording, he may find it hard to get over the squeamishness of recording during the hour at all, not to mention the subtle interference or influence of such a practice on the 'phenomenon' he is studying, namely, the patient he is trying to help. Whatever it may be, even when the psychoanalyst succeeds in making adequate records, such records will become useless because of the huge bulk of observations thus collected. It may sound as if this point were being needlessly belabored when the whole process could be relegated to modern technologic devices. The net result of the records made by audio or audio-visual instruments will be the same, however—or even more useless. That is because alongside the gathering and recording of observations, it is essential to devise a system of classification according to which the huge records can be put into some order.

This was such a fundamental initial step that it had to be taken, once psychoanalysis had been discovered, before it could proceed any further as a tidy science. This historic achievement was started at the house of Freud himself. I am referring here to the work which has come to be known as the Hampstead Index Research.[1]

This research has already made several important contributions. First, it proved that it is practically possible to build our investigations directly on the productions of the patients and the happenings in the psychoanalytic situation, instead of confining ourselves to the use of clinical impressions or judgments, which by necessity have already been filtered and abbreviated from the original events of observations. Second, it showed that it is practically possible to break down the huge bulk of psychoanalytic hours or weeks or years into 'observation units', making it possible to put some order into the fluidity and the apparent looseness which characterize the material collected in the psychoanalysis. And once the observations are broken down into units which are distinguishable and separable from each other, it is possible, without doing undue violence to the totality of the hour or of the case, to reshuffle, or regroup, these units for further clarification of theory or better application of our techniques. This may even prove to be a bridgehead from which we can start adapting the statistics of other disciplines or devising our own to deal more satisfactorily with the data we collect. Third, some solution for our semantic problems seems to be approaching. When we know what verbal expressions or gestures or actions we call regression, resistance, transference, or superego, not only shall we have solved intricate problems of communication and conceptualization, but also we shall have made progress toward improving our investigative attempts.

Such an effort as that of the Hampstead Index promises much

[1] What follows apropos of the Index Research consists of this writer's own impressions and thoughts about it. The report by Dr. Joseph Sandler, in *The International Journal of Psychoanalysis*, XLIII, 1962, Parts 4-5, the issue reporting the Edinburgh Congress papers, gives more details about the work.

more than meets the eye. The problems of describing and communicating psychoanalytic phenomena have been empirically and practically solved between the ordinary psychoanalyst and his patient by the well-known dictum of technique: the use of everyday language. But when it comes to the accounts given about what goes on in a psychoanalysis, or to the formulation of hypotheses, or the making of theories based on the data that have been collected, there is a great discrepancy between what occurs in the psychoanalytic office and what is said about it in psychoanalytic circles or is published in psychoanalytic books and journals. Many of our terms are ambiguous and by necessity general and abstract. Much of our language is misleading, shabby, at times redundant, and at other times it falls far short of conveying what we really are talking about, if it does not completely obscure it. Over and above this difficulty, we have no way of assessing the degree of selection and distortion which inevitably occurs through the process of reduction or abbreviation of the enormous amount of observations collected through language, which is the main source, if not the only one, of the data we observe.

In view of our difficulty in recording and arranging our observations, the importance of devising an index or a cipher for psychoanalysis can be well understood. When as individual workers or as groups we can adopt some coherent system for the definition and classification of psychoanalytic variables, we shall have met the most essential requirement for undertaking articulate research. Composing a set of operational definitions—not a glossary or a dictionary of ambiguous or vague terms—for what we observe and what we do will be in keeping with the rules of modern logic. At the same time, we shall have hit upon a practical way not only of recording but also of classifying the material we collect. Once this is achieved, psychoanalytic investigations will be on a more secure ground to deal with such problems as those of validation, quantification, or controls.

We recently read that an ingenious scholar, James McDonough, has used electronic computers to solve the age-old

problem of whether The Iliad and The Odyssey were each written by a single author and whether both poems were the work of the same man. McDonough scanned The Iliad's 15,693 lines and devised a metric code which the computer could understand, since computers read only numbers and have not yet learned to read Greek. Once he had translated The Iliad to numbers, he punched them on cards, fed them to the computer, and the machine gave him the answer in five hours: The Iliad was composed by one author.

In similar fashion, one may hope that some ingenious psychoanalyst will devise, instead of the verbal cipher, a system of notation which can be used by future psychoanalysts as a shorthand system to record, and thus prepare, their data for the machines. Then the day may come when some serious and meticulous research psychoanalyst may be able to punch the psychoanalytic data on cards and feed them to calculating machines which will give us answers accurate enough to permit psychoanalysis to take its place in the procession of accurate sciences.

## III

The increasing number of investigations into theory, both specific and general, which can hardly be called research in the strict sense of the word, are speculative attempts that only add to our woes as students and our troubles as teachers. We may mention such attempts as that of the 'cyclic-circular model' *(5)* derived from the concepts of cybernetics and information theory with their related notions, such as feedback and open system. Another conceptual system was explicitly designed in terms of electronic circuits in which were plugged psychoanalytic notions —'a complicated contrivance, replete with energy storage systems, idea generator, scanners, alarms, modulator, monitor, amplifiers, etc.' *(3)*. Still another attempt was called the 'decision-making model' *(14)*, this time planned according not only to electronic concepts, but also to those of physiological psychology, including an in-put subsystem for sensory stimuli, called 'transducer', pass-

ing on to a 'mixer' which receives in-puts from a memory subsystem that includes signal and noise parameters—which compute the relationship between them—and then passes the energy on to the decision computer. Finally, there is the 'general behavior theory', which is said to be derived from the more comprehensive general system theory that deals in a series of assumptions and postulates with all levels of systems 'from atomic particles through atoms, molecules, crystals, viruses, cells, organisms, individuals, small groups, societies, planets, solar systems, and galaxies' *(12)*.

An accurate and precise assessment of the value of such theoretical explorations is provided by one of the explorers himself, James Miller, who admits that 'such conceptual systems are at best only pleasant metaphysical games unless they yield specific, precise propositions which are capable of being proved or disproved, and which can be evaluated empirically. For each of these integrations we must seek exactly what consequences follow and how they follow' *(12)*.

Or it may be still further to the point to quote David Rapaport's comment, 'Concepts and methods can be borrowed from other sciences: all that is useful should be used. But grasping at every likely new achievement of other sciences is a giveaway: salvation is expected from the outside and not from the results achieved by the sweat of our own brows' *(15)*.

## IV

As to applied (or problem-centered) research, there has been much undertaken across the years, and even more of late. Recent attempts show more sophistication in the design and in the choice of the areas for investigation. And investigative work by a single psychoanalyst is giving way to research by teams of persons of varying degrees of interest and experience. The goals of such researches have become varied. Some test a theoretical hypothesis; others study disease entities or verify the outcome of a therapeutic approach; still others, explicitly or implicitly, serve

for general exploration. Contemporary 'official' research has already started to adopt various statistical and technological devices for psychoanalytic research. Psychoanalysis is learning to employ simple rating scales or matching coefficients as well as complicated methods of recording through audio-visual aids all that occurs in a psychoanalysis from start to finish.

In the planning and execution of such investigations, much thought and deliberation no doubt have been generously invested. It is, however, becoming increasingly clear that the returns of applied research do not compensate for the cost and time put into it; a very few reasons explain this fact.

The first stumbling block is that, although we adhere more and more to the mechanics of collecting data, and even have devised ways of keeping such data from being contaminated by the interest of the observer, or influenced by the goal of the research, no way as yet has been adopted to reduce the huge amounts of accumulated data to a usable level, nor do we know how to ascertain, when such reduction is done, the degree of distortion that unavoidably occurs in the process of using as raw data clinical judgments rather than actual happenings in the psychoanalytic situation. It is not surprising therefore to find from among the very people who have tried some meticulous and comprehensive approaches to applied research, admissions such as the following: 'Working alone and using only analysis as the research tool is the most appropriate approach' *(2)*. Emphasis also has been put on the need to clarify psychoanalytic assumptions and to state in more precise terms what we are saying in our hypotheses, a need as great as validation *(6)*.

The second trouble is the extreme complexity of the subject matter of psychoanalysis. We work with the principle of determinism, which implies the plurality of causation. This principle has been redundantly called 'overdeterminism', and has been so much taken for granted by psychoanalysts that we neither realize its importance nor spell out the central place it occupies in all aspects of our work. In practice, psychoanalysis probably meets with more determinants than any other discipline, with no way

as yet to estimate the comparative weights of each cause and with only haphazard, crudely empirical ways of reducing them to manageable variables. To undertake research before having found some acceptable way of assessing the comparative values of our variables instead of arbitrarily weighting them, leads to as many shortcomings as do the flaws in our methods of recording and reducing our data.

The third difficulty seems to be a gap in our education and a lag in our creativity: we still engage as members of the research teams working on big projects some professional research designers and statisticians who, for obvious reasons, have had little or no direct acquaintance with psychoanalysis. Although scientific method has general rules which apply to all disciplines of human knowledge, each group of the advanced sciences has succeeded in writing its specific chapter of scientific method applicable to its own field. 'Any specific scientific method is studied in connection with some specific theory and subject matter of a specific science in which its use is appropriate' *(13)*.

It may be said that psychoanalysis can be subsumed under the natural or the behavioral disciplines and can adopt their methods. General psychology, for example, has gone far toward spelling out its own methodology, and has even succeeded in devising statistical procedures which suit its particular phenomena. But the subject matter of general psychology is fundamentally different and separate from that of psychoanalysis, which is concerned with the unconscious processes and the functioning of the human mind working as a whole. For this no method of investigation has yet been formulated. Our theory of technique is mainly a theory of therapy, and not of investigation. The rules of our method have yet to be spelled out through the practice of psychoanalysis and written by psychoanalysts. It is a pity that very few psychoanalysts study the logic of psychoanalysis, probably because we still believe that it is only 'obsessiveness', or lack of clinical acumen or ability, that leads to the development of such an interest. But until some psychoanalytic statisticians or research designers emerge from the ranks of practicing psycho-

analysts, our research techniques will remain a loan from other studies, and we shall have no way to verify whether they suit our purposes.

## V

When everything has been said with regard to the research value of psychoanalysis, an elementary consideration may be the best line of apology. There have been several designs for the classification of sciences, starting with Aristotle and crossing the ages to Bacon, Descartes, the French encyclopedists, Auguste Comte, Ampère, and Herbert Spencer, culminating in our time with the movement for the unity of science. To avoid mixing up points of view, psychoanalysis, according to its subject matter, could, for instance, be placed with the natural sciences. According to its applicability, it is one of the healing arts. But when it comes to method, one needs to make a short but very careful pause, after which psychoanalysis probably would be classified with the formal sciences.

How does the psychoanalytic method work? The ordinary psychoanalyst, who has been meticulously trained to help another person understand himself and has been equipped as much as is humanly possible in our present state of knowledge and skill with the prerequisites for performing such a work, listens to what the other person says. Whatever theoretical constructs or prior convictions the psychoanalyst may have learned or adopted—about the œdipus complex, the duality of the instincts, the structure of the psychic apparatus, the tyranny of the unconscious, or the influence of the transference—are kept away from the actual operation of a psychoanalysis. The psychoanalyst starts his work burdened with no more preconceptions, perhaps actually less, than any other scientist.

From what he observes, mainly the statements of the patient, the psychoanalyst tries to reach the logical inferences that must follow. He tries to make sense out of what he hears. The method goes from the general to the particular, and thus it is a formal, deductive way of reasoning, leading to certain conclu-

sions; these are the interpretations that are at times conveyed to the patient. Perhaps there lies our major difference from modern scientific methodology; namely, that we start by deduction and not by induction. Very soon after making inferences in this way, the psychoanalyst tries to check the primary premises, and from the variations, contradictions, and frequencies of the data he gathers, the terms and the structure of the initial propositions are gradually scrutinized and inductively tested. The conclusions which were thus temporarily made through deduction are re-examined through induction. (It is needless to go into the assertion of modern logicians who argue that the difference between induction as a 'method of discovery' and deduction as a 'method of exposition' is a mere fallacy. Bertrand Russell, for example, contends that 'all inference is deduction, and that which passes as induction is either disguised deduction or more or less methodological guesswork' [*16*].) The psychoanalyst's therapeutic task, imposing upon him considerations of economy in time, cost, and effort, calls for still another type of logic: in the interpretation of symbols, we often use the logic of analogy, with all its proneness to error.

What has been asserted can be explained by a clinical illustration. The patient usually tells of his complaints, talks about his life history or his feelings, in universal propositions. He may affirm that his boss is a tyrant and that in fact all the people he has worked under have been tyrants, or that his mother never cared for him, or that his colleagues are no good, or that in the spring his nose gets blocked and his eyes tearful because of an allergy, or that the persistent pain in his back is due to a neurological ailment. Now, what does the psychoanalyst do with this except to take it, as the ancient and the medieval thinkers used to do with such statements as 'the earth is flat', or 'the barbarians have no soul'. All the psychoanalyst does is to take these statements of the patient for what they are, and from them, by immediate, syllogistic, or other ways of inference, reach certain conclusions, which he shares with the patient. This simply takes the form: given this or that, then this or that must follow.

The psychoanalyst's work does not at all stop at that, however. We have at least to grant that the psychoanalyst has as much common sense as any other modern literate man who knows that to test whether an assertion is true or false, it must be compared with the facts. Therefore no sooner has the psychoanalyst helped the patient to arrive at the unavoidable conclusions of his primary propositions than he begins to test from the patient's 'free-associations' and other behavioral manifestations whether or not the original propositions were correctly built on sufficient memories, feelings, or experiences. It probably will turn out, for example, that the patient was given a kind word by his boss or offered a raise, or it may even turn out that he himself has on various occasions wilfully neglected his work, irritated his boss, and may even in his own way have been the tyrant, not the victim. Thus the process would move on from the particular events or memories to general conclusions; and in this way the psychoanalyst would have included in his methods of work not only the previous deductive policy, but also the inductive one.

There are, further, the shortcuts that the psychoanalyst resorts to when he relies on the similarities of certain percepts or concepts; and from this he uses the logic of analogy to suggest that an orange, an airplane, or a staircase may refer to something which is of more primary importance and more fitting to the patient's train of thought than the symbol used.

This rudimentary attempt at describing the logic of psychoanalyzing may serve at least to remind us of what Ferenczi once said: 'The doctor must subject the material submitted by himself and the patient to a logical scrutiny, and in his dealings and communications may only let himself be guided exclusively by the results of this mental effort' *(8)*. It may remind us that forty years after Ferenczi wrote this, David Rapaport stated : 'The extensive clinical evidence, which would seem conclusive in terms of the system's internal consistency, fails to be conclusive in terms of the usual criteria of science, because there is no established canon for the interpretation of clinical observation' *(15)*.

In the meantime, psychoanalysis as a method can be defined as the science which treats the errors of the human mind. The psychoanalyst is thus a medical logician or a logical physician. Such a definition can be accepted by the logician or methodologist who wishes to investigate how psychoanalysis works, not from the theories, terms, or accounts which fill the psychoanalysts' books, but from the actual conduct of any psychoanalysis. The logician who happened to muster the patience, if not the emotional neutrality, to listen to a psychoanalysis over a period of time—though preferably from start to finish—could discover that our method is nothing but a first draft of the application of logic and scientific method to the study of the human mind in the concrete.

One may hope that with more scrutiny of the requirements of logic and scientific method, and of what actually happens in psychoanalytic treatment, the standard psychoanalytic method will be considered the best research device so far suggested for understanding the human mind. It may turn out that every psychoanalyst who merely follows the method he was taught to follow will discover that he has been doing research, just as Monsieur Jourdain, of Molière's *Le Bourgeois Gentilhomme,* suddenly discovered that he had been speaking prose for forty years without knowing it. Psychoanalysts, however, direly need to learn how to read, write, and correctly spell the prose they have used since the inception of their discipline. They need to do this before attempting to improve their style, become literary critics, or adopt any other language, style, or technology that was designed or is being used for subject matters which in our present state of knowledge are separate from the subject matter of psychoanalysis as such.

However heavy the emphasis may be that is thus laid on the intrinsic worth of psychoanalysis as a research method, this is not to be construed as an invitation to sever our relations with the other neighboring disciplines of science or as a claim of perfection and a reason for smugness. The more we know about how other scientists work and what methods they use, the more

we are able to consolidate and spell out our own methods, and the more we realize our assets and liabilities.

## CONCLUSION

The answers to the core questions of psychoanalysis have to be sought from within psychoanalysis itself. What is needed for the correction of its findings, the validation of its conclusions, the sharpening of its instruments, and the rest of what it lacks to keep it on a par with the more advanced disciplines, has to be provided by the use of the psychoanalytic method itself and its articulation. To do this we still have a long way to go—but we know where to start.

It is hoped that we shall find it worth while to start by giving as much—or even more—attention to the investigation of method as we give to exploration of theory or to work on problem-centered research. It is method that defines problems and clarifies theory.

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# SOME OBSERVATIONS ON PSYCHOANALYTIC SUPERVISION

BY A. RUSSELL ANDERSON, M.D. AND FRANCIS MC LAUGHLIN, M.D.
(BALTIMORE)

The purpose of this paper is to approach psychoanalytic supervision in its broadest sense—as a study of important areas of psychoanalytic theory and technique. We shall consider its functions and how best to accomplish its aims.

Most analytic educators acknowledge that the supervised analysis is essential to determine the proficiency of the future analyst. The candidate's ability to do clinical psychoanalysis is the real test of our selection, his suitability, and the training program in general. The rest of his training, whether didactic or clinical, is a preparation for and a continuation of instruction which helps him in his supervised work. While it is not feasible to eliminate the training analyst from all decisions regarding the student's progress—no one else is in a position to judge the candidate's readiness for didactic training or the correctness of the institute's acceptance—, his instructors, and particularly his supervisory analysts, must assume the major responsibility for his progress. Only when the training analyst has an opinion in opposition to the general consensus should it be necessary for him to intervene.

It is our belief that psychoanalysis is a method that can be taught to those who are sufficiently endowed intellectually and psychologically. However, candidates for analytic training are individuals, and their rate of progression is an individual matter. This is the result of many factors, the nature of which are not pertinent to our discussion except to recognize their variability. Some candidates have exemplary personal lives but little psychological aptitude; others may be burdened with personal difficulties but show marked ability to do psychoanalytic work. The demonstration of a capacity for psychological therapy should be our primary criterion for continuation of training.

The student's integrity is, of course, tacitly implied throughout this paper.

The primary role of our institutes is training in psychoanalysis. Teaching the various modifications of technique is a secondary and less important function. Most candidates well-grounded in classical theory and technique will be able, in the course of their training and practice, to gain the necessary experience and confidence to use variations and alterations when dealing with special problems.

Basically the supervisory analysis is an apprenticeship type of learning in which the more experienced individual is helping the less experienced carry on actual analytic work. But it also has a teaching function and the candidate's training must be considered from this point of view. Supervisory work should include consideration of such important questions as: How do we judge suitability for analysis? How do we establish a therapeutic atmosphere? What is interpretation and how do we most efficaciously employ it? How do we judge progress, or lack of it? What are the interactions between theory and practice?

To accomplish these aims, every student should have several supervisors so that he will be exposed to the different approaches and insights of various persons. This is also essential from the point of view of the institute as the evaluation of the candidate's abilities then comes from many sources and gives an adequate body of knowledge upon which to judge progress and readiness for graduation. The candidate's fate should not be left in the hands of any one supervisor, no matter how skilful or experienced.

One of the prime responsibilities of the supervisor is evaluation of the suitability of a particular patient for analysis by a student. There is no more discouraging experience for the candidate than to find, after a long period of work, that his patient is not a person for whom classical analytic techniques are indicated. It is more realistic to be firm in our choice of suitable cases and more advantageous for the candidate to wait for a satisfactory patient than to rush into supervised analysis simply

because of pressures of time or competition. Satisfactory cases also provide the institute with a more accurate check on the candidate's ability.

Another basic responsibility of the supervising analyst is the evaluation of the candidate's readiness to do supervised work. If it is apparent that he is not yet ready, it is a service to the candidate, the patient, and the institute for the supervisor to delay the candidate's progression. To undertake supervisory work with an inadequately prepared student is a time-wasting process. After determining that the candidate has adequate experience with varied problems, the selection of the type of case may be left to the judgment of the student and the supervisor.

The choice of supervisor is largely an individual matter, but we should be certain that it is not influenced by unconscious factors or by conscious design. A candidate may make his choice on the basis of finding a female figure who will appreciate his good behavior, carefully avoiding the male analyst because he has not worked out his œdipal problems. Or, a student may feel he can work only with men. Not infrequently more or less covert, unanalyzed problems remain unnoticed if the whole pattern of choice is not evaluated. We suggest that the institute, after being assured of the adequacy and variety of the candidate's experience, consider, in general, the student's pattern of selection of both his supervised cases and supervisors.

When the student's status is reviewed in detail we usually find close agreement among his supervisors. Generally there is enough uniformity to assure that his major countertransference difficulties, as well as other deficiencies, will be brought to the attention of the institute and the training analyst. We have found little need for any formal contact between supervisors and the training analyst. The meetings of the education committee serve as a clearing house for the evaluation of the candidate's supervisory work and general progression and, at the same time, allow his training analysis the privacy which is so necessary.

We now turn to one of the most difficult problems: what criteria should be used in deciding readiness to begin supervised

analysis? The answer is not easy to formulate and differs from supervisor to supervisor. Furthermore, what we might demand in respect to the personal analyses of certain individuals may not be of the same importance in other more mature and objective individuals. Hence, there must be a great deal of latitude in applying the criteria.

Kovacs has emphasized that supervision should begin only when the candidate's 'analysis has reached the point where his interest is no longer focused on himself but genuinely on the outside world. That is to say, when the transference has been so far discovered and traced to its infantile sources that his desire to be normal signifies no longer identification with the training analyst, but is sublimated activity independent of the analyst' *(3,* p. 351*)*. Here we find the necessary emphasis that the student must be sufficiently mature and also free from primitive transference reactions that might influence his work with the patient or interfere with his relationship to his supervising analyst.

Gitelson stressed that the training analysis must be deep and thorough: 'It must take as long as it takes to expose the narcissistic core of the neurosis' *(2,* p. 207*)*. He also stated that supervisory analysis 'ought not be recommended until the student's analysis is in the stages of resolution or is satisfactorily ended' *(2,* p. 209*)*. This second point of Gitelson's does not accord with our feeling that supervisory analysis should overlap the training analysis.

What is most essential in a good analyst? What differentiates those who disappoint us from those who are able to understand the patient? What are our larger goals with the candidate? In other words, what makes psychoanalysis possible other than the mere knowledge of human development and psychopathology? The fact that training varies from five to ten or twelve years implies the necessity for such questions. What does the candidate need to accomplish in his training? It is not enough to say he must be adequately analyzed; we are interested in what makes him able to become a *good* analyst. To receive a medical

degree one needs knowledge and technical skill, but we know that this is not a guarantee that the individual has judgment and skill in psychological matters.

We acknowledge that the candidate must have a basic understanding of psychoanalytic theory and the process that makes it possible to carry on an uncovering procedure with resolution of early genetic malformations. But what kind of a person can carry this out successfully? We think that Gitelson emphasized a key factor when he stated that the narcissistic core of the student's neurosis must be exposed, and we would add that this must be worked through so that personal needs are always within the ready control of the analyst. Analysis must always be for the benefit of the patient, and wholly so; it is not a technical triumph for the analyst, nor an interesting study of psychopathology, and, above all, it is not a means of gratifying emotional starvation. The analyst gets satisfaction and emotional reward from his work with patients, but these are subordinate to reality factors; they are closer to the area of artistic sublimation. The analyst lives in a part-time primary process world but he can close the book or stop the record at any moment. If he were a frozen intellectual, analysis would be a sterile, scientific operation.

Two factors to be looked for in the candidate should be stressed: first, his knowledge of the patient; and second, his attitude. The student must learn to grasp what the individual on the couch is striving to do or to express during a particular hour, not what each sentence or utterance may signify. As an analyst, he must develop the confidence that will allow him to be natural and spontaneous; he must not be overly impressed with the solemnity of the situation, obsessed with correct interpretation for its own sake, or fearful of minor deviation from some 'perfect' norm.

Both Kovacs and Gitelson have noted that certain things must be accomplished in order to determine the attitude of the student-analyst. They emphasize that our criteria are not related directly to the working out of hostilities, major neurotic con-

flicts and symptoms, character structure, or even œdipal problems, but rather to those factors which make it possible for the particular analyst to approach a patient with a maximum degree of objectivity and freedom from those narcissistic concerns which relate everything to himself. The analyst must have reached a degree of maturity that precludes continual preoccupation with his own needs. In some candidates this quality will be present from the beginning and they will be able to carry on meaningful analyses as soon as they have had enough treatment to be aware of and to handle their own conflicts, even though they may be unresolved. Other candidates may have to do a great deal of analytic work before this capacity will prevail; still others will barely succeed in finally accomplishing it and will find their objectivity disrupted with certain patients.

We now come to the relationship between personal analysis and supervised analysis. Most candidates are in analysis and supervision concurrently. However, certain students may have 'completed' their analyses before undertaking control work and this poses problems. In such instances, a candidate is deprived of a useful learning process, and is not able to utilize fully the experiences which arise in the course of his supervision, both with the patient and with his supervisor. Hence, a wide gap is left in the candidate's training and much useful material is not available for analytic exploration. It would be an unusual candidate who would not need further analysis at this point—and yet with certain students the problem of convincing them of the need is difficult, often because of competitive or defensive attitudes. This problem might be resolved by a policy which insists upon the overlapping of supervisory and personal analyses. Candidates can be educated to the inestimable value of this mutual experience.

A more detailed consideration of the supervisory situation and of the role of the supervisor as a teacher is pertinent here. Supervision is essentially a learning experience in which one is sharing with a colleague the fruits of one's clinical knowledge as well as clarifying one's thinking and technique. Supervisory

analysis offers a unique opportunity for both the control analyst and the candidate; every case is a challenge and covers the gamut of psychoanalytic experience. Although it should not be the place for teaching basic concepts, it involves consideration of all metapsychological factors and therefore deals with all the aspects of defense, content, and transference. It is a teaching of technique that entails an understanding and communication of the rationale for the measures which are employed. Furthermore, the candidate must be helped to evaluate the assets and liabilities of the person he is analyzing. Thorough understanding of his patient's basic problems is of course essential.

The student approaches his work with a patient not only with didactic knowledge but with the practical teaching experience he has received from his own training analyst. He has experienced the beginning of analysis and has observed the technique of an analyst whom he is apt to respect. Much is assimilated by identification but in the main this is a learning process, especially in respect to interventions that have been particularly effective and have become an important part of the student's awareness. At the beginning of supervisory work the candidate is likely to have fairly extensive knowledge of how to approach the analytic situation.

While the goals of analysis are uniform and psychopathology is a matter of general knowledge, there are minor variations in technique and handling of patients which depend upon the personality of the analyst. The candidate will regard his supervisor as someone who is essentially in agreement with his own analyst but who has a slightly different approach. It is important that the supervisory analyst be prepared for this and that he be careful not to impose ideas that are only part of his own dialect. The supervisor must be aware that situations can be handled in several ways and must let the student discover to what extent he can make the supervisor's suggestions an effective part of his own technique.

Adequate supervision necessitates considerable flexibility in

the control analyst. It is imperative to recognize differences in the character structure and ability of candidates, which are reflected in the degree of freedom with which they report and in their capacity to use supervision. Differences do not necessarily reflect ability but are perhaps stages of development. One of the supervisor's responsibilities is to evaluate the candidate's ability to learn and to estimate his eventual capacities; we must recognize that, except in rare instances, these are tentative, but sufficient time must be allowed for proper evaluation. Studies of the candidate's reaction to supervision and the supervisory process, and the effect of this on learning, are worth while. The implementation of the learning experience in supervision will vary according to whether the student is essentially a passive or an aggressive type of individual; whether he tends to be a person interested in theory or one whose approach is more empathic.

The attitude of the supervisory analyst may be all important in the success or failure of the student, especially in his first cases. Just as in analysis, establishment of a certain atmosphere is imperative: friendliness, a not unduly critical attitude, objectivity, and tolerance for mistakes and slow progression. Most candidates come into supervision with anxiety and uncertainty, and the ability of the supervising analyst to recognize this and to put the candidate at ease is important. It should be stressed that the supervisory attitude described here does not imply the degree of permissiveness and tolerance which might be exercised in other psychoanalytic situations. In analytic supervision the aim is to establish an atmosphere in which it is possible for the student to learn and in which we can best evaluate his abilities, at the same time recognizing that the basic responsibility is the education of the candidate in the proper conduct of an analysis. 'Atmosphere' is deliberately overemphasized in order to present a specific point of view which we feel will correct certain stalemates in the early training of candidates.

Further consideration of the role of the supervisory analyst must include particular attention to transference or counter-

transference phenomena in both supervisor and candidate. Our present concepts, developed over recent years, in relation to countertransference in the trained, experienced psychoanalyst are pertinent in supervisory work. The same points of caution are necessary in supervisory analysis as in therapeutic analysis—in both instances we are dealing with a potential transference situation.

In a paper on supervision, Blitzsten and Fleming (*1*) emphasized study and correction of the candidate's countertransference reactions and the need for adequate working through of his conflicts throughout his training. We are fully in accord with this, although we do not support some of their other conclusions. They stated that the course of training should be divided into three parts—training analysis, didactic work, and supervisory analysis—and suggested that a radical change be made in the handling of supervisory analysis which seems to imply further personal analysis of the student by the supervisor at the same time he is directing the analysis of the student's patient. Furthermore, they stated that the control analysis should bring about: 1, continuation of the exposure of the candidate's neurotic conflicts; 2, continuation of the attempt to make conscious what is unconscious; and 3, an attempt to increase integration of the candidate's personality. This would mean that the student would actually be in analysis with the supervisor.

Another point brought out by Blitzsten and Fleming is that consultations between training and supervisory analysts are of value, not only as a source of helpful information but as a planned procedure of which the student should be aware. Such consultations they felt would provide the student with an experience in which his relationship with other people, especially parent figures, would be on a more mature level. In their opinion there is a tendency to isolate the relationship between the student and his personal analyst, thus permitting a repetition of the earliest relationship in the family—between the child and the mother. They would correct this tendency by the development of an object relationship that allows for sharing with

another person, like the sharing that is a part of the reality of family life.

From a theoretical viewpoint these ideas are tempting as a more complete way of working through aspects of transference and countertransference. We feel, however, that they imply a certain tacit assumption that the supervisory analyst is free from countertransference or prejudice to an extent we are not willing to acknowledge. They also imply that an institute is a more or less perfect family setting rather than the opposite, and that the supervisory aspect of the training program introduces difficulties into the candidate's experience which must be guarded against and avoided as far as possible. In the psychoanalytic situation we attempt to minimize the effect of countertransference; we feel that similar precautions are necessary in the supervisory setting.

There is danger that we may overlook the importance of transference and countertransference in the supervisory situation because we do not have the same awareness of it as we have in the training analysis. When the candidate enters supervision it is not as a patient; he is a student in an institute of which he and his supervisor are an integral part. This situation does not permit a ready awareness and study of the reactions of both the supervisor and the candidate. The supervising analyst must keep these facts in mind with the same integrity he employs in his therapeutic work.

Certain situations should be avoided in a supervisory experience. One must be constantly alert to recognize when a candidate is influenced mainly by a desire to please the supervisor or manifests behavior without regard to the realities of the case; likewise, we must guard against simple compliance or imitation, without the development of any real understanding.

Since supervision is within an institute, the positions of the student and the supervisory analyst in that organization will influence the interaction between them. What is more, the candidate who is still in analysis, or who has just completed analysis, is far from stabilized. He will tend to endow the supervisor with

the omnipotence of a parent whose approval he seeks and whose disapproval takes on exaggerated importance; he may feel rebellious, he may need to assert himself or to prove he has complete sufficiency and that the supervisor is inadequate. In such instances, the desire and need for learning is often overshadowed. The student is seeking progress in his training and it is painful for him to realize that this can only come about by his gradually increasing proficiency, something that is hard for him to evaluate. If he has to spend a great amount of time in personal analysis and training, he may feel ill-treated and discouraged.

On the other hand, the control analyst must guard against 'taking over the case', and, particularly, he must resist the temptation to convert supervision into therapy. It cannot be stressed too strongly that the supervisor is not the student's analyst. He is a colleague and a teacher. His lack of data about the candidate and other real considerations should obviate any tendency to act as the personal analyst. The supervisor should, of course, acquaint the student with indications of blind spots, countertransference, or other areas in which his personal difficulties interfere with the successful conduct of his case. In certain instances calling these matters to the candidate's attention may be sufficient. In others, one may need to be more specific in recommending consideration of these problems in the candidate's analysis or, if he is not in analysis at the time, in suggesting that further analysis may be indicated or even imperative. Occasionally the supervisor may have to point out that the attempt at control analysis is premature. But the supervisory analysis should be limited to these activities. If analysis is in progress, any efforts to 'play analyst' would represent an unwarranted interference; if analysis is not currently underway but needs to be resumed, such efforts would unnecessarily complicate the future course of treatment. Training analysis has more than its share of special difficulties and we should not add to them.

It is also important to realize that the supervisor may have countertransference reactions to the student, and certain other

reactions determined by his relationship to the analytic family in which he has an adult role. He must guard against repeating unanalyzed attitudes toward his role of a parent or a sibling in the supervisory analysis, revealing prejudice toward the student's training analyst, or reacting impatiently or unjustly to controversial matters of theory and technique as a result of a tendency to control the student and to demand unhealthy conformity. Sometimes a supervisor evinces an unfortunate need to win all the students over to himself; not only must he gain their approval but they must place him above others. These factors are continually at work and can do real harm when not controlled.

Certain difficulties that appear in the supervisory situation and give the impression of unanalyzed areas in the candidate may disappear with the development of an adequate supervisory atmosphere and with the candidate's increasing knowledge and experience. Anxiety, or other untoward reactions to supervision, may lead to untherapeutic attitudes, but these usually disappear in time. It is apparent that what we do not understand in our patients is what we are most likely to react to with countertransference manifestations. As our grasp of the situation becomes greater, these manifestations will vanish. Since all of us are human, we inevitably react to our patients in a positive or negative way, but most of our reactions are self-contained and are not reflected in our work. Those which persistently interfere are a specific indication for analytic consideration.

There has always been confusion about what aspects of a person's reactions should be included under 'transference' and 'countertransference', although there seems to be general agreement that they involve the reliving of early unconscious patterns. The fact that the personality of the analyst plays a major role in determining his potential ability to do therapeutic analysis cannot be questioned. Personality is in part determined by early conflicts and difficulties but, at the same time, it is an autonomous structure which may contribute to a good or bad analytic atmosphere; it does not necessarily result in uncontrolled reactions. An analyst may be successful with his patients because of his

personality but this does not imply that he will foster unhealthy transference ties.

There are two main goals in the supervisory situation, either of which has at times been considered to be the main goal. As stated in 1937 in Discussion on Control Analysis, it is a question 'whether our aim is to be the control of an analysis or the "analysis" of the candidate being controlled' (*4*, p. 371). In other words, is the primary object of supervision the analysis of a candidate's practical analytic work or is it instruction in the art of analysis? Supervision must consist of an evaluation of the candidate as well as instruction but we feel its major aim is to teach.

Inasmuch as the student so often continues to be unsure of himself and subject to transference attitudes, particularly toward people within the institute, we must take these factors into consideration, weigh them carefully, and attempt to set up our supervisory situation so that it will further not only the progress but the independence and self-confidence of the student. But it is essential to consider the treatment of the candidate's personal difficulties as something separate from the supervisory situation. Otherwise we run into the danger of the formation of transference relationships to the supervisor; as a defensive refuge or as a side-tracking maneuver this would impede the student's analysis. Furthermore, it would interfere with the supervised work because of the candidate's attitudes toward the supervisor.

The supervisor must help the student to find himself as an independent person by encouraging his ego strength. This is a part of the learning process, and the student's deficiencies or deviations from ideal technique and handling of his case are not to be looked upon as errors subject to criticism. Rather they are to be expected and can only be obviated by experience and the help of the supervisor. As Karl Landauer stated, 'the control analyst must play the part of an elder brother; the candidates are not his pupils but his colleagues' (*4*, p. 371). In addition the supervising analyst must be aware of those countertransference attitudes of a general nature that make it difficult for the student to report because of fear of making an error and re-

ceiving criticism. As the student progresses he will not be so sensitive in his relation to the supervisor and the countertransference will become less important and will be recognized for what it is.

Historically, the reasons for advocating that the training analyst do supervisory work with his analysand have been that his knowledge of the candidate would help him to understand the problems that arose in the supervisory situation and that this knowledge could be used in the further analysis of the student. We feel that these two facets of training should be kept separate; if there is a need for more analysis the candidate can be so advised by his supervisor or the institute. It is certainly true that the supervisor must be aware of blind spots in the candidate as well as his defensive avoidances of his patient's material. As Gitelson said, 'The supervising analyst is not intruding on the student's analysis when he calls to notice the bare facts of the student's relationship to his case' *(2,* p. 210*)*. In the 1937 Discussion it was stated that, 'As a matter of principle the training analysis and the control analysis should not be conducted by the same individual . . .' *(4,* p. 372*)*. This it was felt would be detrimental to both the candidate's personal analysis and his supervised work. We agree.

While it is of the utmost importance for the student-analyst to be aware of the transference difficulties and personality problems which may impede his work, it is of equal importance that these problems be approached in such a way as to be helpful and not detrimental. The supervisor should be careful lest his behavior foster a transference or new analytic situation with himself, thereby making his position untenable. His approach should be confined to pointing out the interactions between the candidate and his patient and what should or should not be done about them. There should be no attempt to search the psyche of the student; if his reactions are beyond conscious awareness or control, they are a matter for analysis.

We would like to enumerate certain essential attitudes in the candidate if he is to progress with his supervised cases. As

we are dealing with the training of an individual analyst, our main concern is his maturation rather than any overaccentuation of minor difficulties. We must be careful to differentiate problems arising from basic unanalyzed factors and those which pertain to superficial adjustment or lack of knowledge and experience. An important requisite in the supervised analysis is that the candidate will report freely and honestly, and feel at ease in discussing his own thoughts and interpretations. Until such time as this is possible the benefit of supervision is limited and true evaluation is impossible. A second necessary consideration is closely related to the first. Gradually the student must acquire the ability to act freely with his patient—not as an outsider mechanically reacting on the basis of circumscribed bits of information he has acquired in his courses. He must be intuitively aware of himself as an individual who is studying another person in a real relationship, and he must enter into the situation as a whole, within the confines of a true classical approach. The candidate must perceive that this is a psychoanalytic situation and know what it means, that it is not just an interpersonal situation in which the patient's reactions are related to him. Even if these reactions should be pertinent to the student-analyst, he must realize that they are matters for study and must be handled analytically, at the same time keeping ego control of his own responses through the very technique which underlies classical psychoanalysis.

In order to implement and make possible a desirable attitude of study on the part of the new analyst, he must be aware of the aims of supervised analysis and of the impediments and difficulties which negate these aims. The candidate must realize that this is not the typical psychotherapeutic process in which one hopes to help the patient; he must see the theoretical basis which differentiates it from other ventures in therapy. If he is aware that psychoanalysis itself is an attempt to establish an uncovering process by means of careful working through of defenses and encouraging the appearance of transference, with resultant access to genetic factors, he will be able to evaluate his

training and his work as they relate to a process, and not to a set of rules. He will realize that he must shape his actions in accordance with the process and that few rules apply at all times.

The need for the candidate to understand his patient and to see him as an individual who is reacting in a particular way at a particular time cannot be overemphasized. Theoretical knowledge must be treated as a reference library to which the student continually turns for explanatory help in relation to the human being on the couch; it should not be treated as a set body of knowledge that can be forced into a mold. If he approaches his patient with this understanding, it will make a great difference in his attitude, response, freedom, and naturalness.

Every student should be helped to realize that refinements in technique come gradually and slowly with time and experience. We expect that the candidate will make many minor errors, even though he may be exceptionally promising. As long as he can follow the main trends and judge the important cathexes of the particular hour and not overreact, we will be well satisfied. We then can be sure that he will find ways to handle the problems that arise and that he will develop his particular variations of the general technique of his group.

The more understanding the student has that analysis is for the patient, the less his narcissistic tendencies will intrude into the treatment situation; he can then avoid making it an exhibition of his virtuosity.

Because most analytic candidates have had a thorough scientific training, there is a desire to approach the process of psychoanalysis as though it could be handled on the same basis as a laboratory procedure. We all agree that psychoanalysis must be subject to the same criteria that hold for other sciences—we must be able to understand and to describe the words and actions of both analyst and analysand, and the reason why there was or was not a therapeutic gain, for instance. But with the multitude of variables and with the importance of maintaining a real, human patient-analyst relationship, there are many elements of the art as well as the science that enter into the procedure. We must avoid the danger of stultification and let the

student realize that flexibility is an important attribute of the good analyst.

## SUMMARY

Certain general principles relating to the functions and aims of supervisory analysis are discussed. This important area of training presents particular problems for the supervisor which tend to break down the equation that a good analyst is necessarily a good supervisor. His role must be objective, his own narcissism must be restrained, and he must be prepared to go over the same points time and again. He must not set himself up in competition with the student or with the training analyst.

Supervision is essentially a teaching process where certain elementary problems must be explored such as attitudes, procedure, activity, specific difficulties in getting an analysis underway and keeping it in progress, and supporting and directing a less experienced colleague until he develops sufficient understanding and confidence. The supervising analyst must believe in the value of teaching and of experience; he must not be too quick to fall back on the time-honored formula—'you need more analysis'. As candidates learn more and gain greater confidence, their work usually shows striking improvement. While there are differences in ability and aptitude, rapidity of learning is not always the criterion for eventual qualification of the student-analyst.

Finally, an attempt is made to clarify points relating to supervisory analysis that we feel represent misunderstandings about the functions of the process.

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# FREUD, ZWEIG, AND BIOGRAPHY

BY HERBERT LEHMANN, M.D. (SAN FRANCISCO)

Those who write about psychoanalytic biographies seldom fail to quote the following well-known passage from Freud's essay on Leonardo da Vinci *(4)*.

> . . . biographers are fixated on their heroes in a quite special way. In many cases they have chosen their hero as the subject of their studies because—for reasons of their personal emotional life—they have felt a special affection for him from the very first. They then devote their energies to a task of idealization, aimed at enrolling the great man among the class of their infantile models—at reviving in him, perhaps, the child's idea of his father. To gratify this wish they obliterate the individual features of their subject's physiognomy; they smooth over the traces of his life's struggles with internal and external resistances, and they tolerate in him no vestige of human weakness or imperfection. They thus present us with what is in fact a cold, strange, ideal figure, instead of a human being to whom we might feel ourselves distantly related. That they should do this is regrettable, for they thereby sacrifice truth to an illusion, and for the sake of their infantile fantasies abandon the opportunity of penetrating the most fascinating secrets of human nature.

Edel *(2)* recently, and Beres *(1)* not long before, noted in this the striking one-sidedness of Freud's estimation, which excludes, for instance, the hostile or destructive impulses that can be demonstrated not infrequently to motivate the biographer in the choice or the treatment of his subject. Edel suggested that the common Victorian biography having been one of adulation may have influenced Freud to express himself as he did. Having ventured into the field of biography with Leonardo, Freud must have viewed his revolutionary innovation against the background of conventional biography. There is, however, some evidence that Freud, careful clinician that he was, made his interpretation under the impact of some vivid, fresh clinical experience.

Stefan Zweig, who in his lifetime wrote some twenty or more biographies, maintained a friendship with Freud that began before 1908 and lasted until Freud's death. It was Zweig who delivered the major eulogy at Freud's grave in London. Zweig, routinely, sent Freud every one of his books and, according to Friderike Zweig *(7)*, Freud 'never failed to send in his comments'. Publication of the

Freud letters *(3)* has made many of these comments available. They include interesting critical remarks about Zweig's biographical essay on Dostoevsky which Freud later consolidated in his own study of the Russian novelist. It is in this paper *(5)* that Freud refers to Zweig as a personal friend and pays him the handsome compliment of using Zweig's short story, Twenty-four Hours in a Woman's Life,—a 'little masterpiece' as he calls it—to lend support to his own analysis of Dostoevsky's passion for gambling. It is also in this paper that he discloses that he discussed Zweig's short story and his interpretation of it with the author.

Zweig wrote a biographical essay on Freud, and the Freud letters contain some of Freud's reactions which are, perhaps, a rare documentation of the reactions of a subject to his own biography by a professional biographer. These were by no means entirely positive, and some irritation on Freud's part is readily discernible. In 1936 Freud *(3)* permits himself some fine irony regarding the large number of biographies which Zweig had published by then, and speaking of his old age and impending death he writes:

> I am unable to spare my loved ones the pain of separation. The exceptional position I occupy with you will then also come to an end. For I believe that in the gallery of remarkable human beings which you have set up in your panopticon—as I sometimes jokingly call it—I am certainly not the most interesting, but nevertheless the only *living* person. Perhaps it is to this fact that I owe so much of the warmth of your sympathy. For with the biographer as with the psychoanalyst we find phenomena which come under the heading of 'Transference'. . . .

In this letter Freud points to the nature of Zweig's attachment to him and, knowing Zweig's depressive disposition, he is tactfully careful to spare Zweig a possible depression on the occasion of Freud's death. He does what every psychoanalyst does when he prepares his patient for the loss which is invariably experienced when the time comes for the patient to dissolve the tie to his analyst. Zweig ultimately succumbed to one of his depressions and committed suicide in 1942.

The question arises whether Zweig's relationship to Freud was in fact therapeutic at one time. There is one reference in the literature that would support such a speculation. Emil Ludwig in Doctor Freud *(6,* p. 143, fn.) states: 'An intimate friend of Zweig,

equally well known as an author, told me that in 1910 he [Zweig] hastened to Freud to be cured of "depression"'.

The year 1910 saw the publication of Freud's essay on Leonardo da Vinci. This is also the year in which Zweig published a critical biography of the great Belgian poet Emile Verhaeren. Thus in 1910 Zweig completed a biography, consulted Freud professionally, and Freud, being himself engaged in writing his first psychoanalytic biography, inserted into its last chapter a psychoanalytic commentary on the biographer's relationship to his subject.

In clinical practice we look to the patient for confirmation of the correctness of our interpretations. What follows is what Zweig wrote six years later about his feelings toward Emile Verhaeren *(8)*.

> . . . To a certain extent it was a mystic inclination, not based on anything real, which drove me toward this unknown poet. A few of his poems enticed me . . . seventeen years old, I wrote for permission to publish (translations) . . . . I was about twenty years old when I met him, and he was the first great poet whom I saw as a human being. The beginnings of poetic creativity were already stirring in myself, but uncertain still, like lightning on the firmament of the soul. I was not yet certain whether I had the calling of the poet myself, or whether I merely desired to become one, and my deepest longing demanded finally to meet one of those real poets, face to face, soul to soul, who could be my model and decision. . . . What molded me never came out of my own wish or out of my active will, but always from fortune and destiny; and thus also this wonderful man, who suddenly and at the right hour stepped into my life, and became the spiritual star of my youth. I know today how indebted I am to him, only I do not know whether I shall succeed in casting this gratitude into words. In no sense, however, is this feeling of obligation meant for Verhaeren's literary influence on my verses. This gratitude always extends only to that master of life, who gave the first imprint of truly humane values to my youth, who taught me in each hour of his existence that only a complete man can be a great poet, and who with the enthusiasm for the art gave back to me also the ineradicable faith in the great, human purity of the poet. Aside from Romain Rolland,[1] for whom I feel a brotherly love, all my later days have not given me a more beautiful image of the poet, nor a purer unity of nature and value than him [Verhaeren], whom to love in life has been my most heartfelt joy, and whom to revere in death has been my most compelling duty. . . [Author's translation].

Freud's every point in his analysis of the biographer's fixation to his hero is confirmed by Zweig himself: the personal reason for the choice, the special affection from the outset, the idealization, the intolerance of human weakness or imperfection, the infantile model, and the father role.

[1] A few years later, Zweig wrote a biography of Romain Rolland.

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# MARIE BONAPARTE

## 1882-1962

On September 21st, 1962 Marie Bonaparte died in Saint Tropez after a brief illness. We lost one of that rapidly shrinking circle of psychoanalysts who not only were Freud's students, but were privileged to become his friends and to play an important role in a critical period of his life.

Marie Bonaparte's unusual life, about whose early phases she has told us so much in her autobiographical studies, had as many facets as her scintillating personality. She was a lonely semiorphan in the midst of glamor and wealth; although a Bonaparte, she belonged to a branch of the family who cherished a tradition of freedom and rebellion. Her father, Roland Bonaparte, was a man of intensive interest in science. Her husband, Prince George of Greece and Denmark, was a close relative of most European royalty. Marie Bonaparte was equally at home at a royal wedding as at a committee meeting of the International Psychoanalytic Association.

Such scientists as Le Bon, through whom she first became acquainted with Freud's work, Rigaud and Lacassagne from the Institute Curie, such statesmen as Aristide Briand were among her close friends. Many French and Greek men of letters as well as artists sought her friendship.

At an early age her insatiable curiosity was channeled into intellectual pursuits. She was an avid reader and had acquired an encyclopedic knowledge in many fields; but only after she had had a personal analysis, did all her faculties blossom, and was she able to achieve a high degree of original productivity. This was especially remarkable because she was already forty-three years old when she first met Freud.

Her bibliography contains over seventy original publications, not including her translations of Freud into French and the many translations of her papers and books into various languages. Her contributions covered many topics; to mention but a few, her work on female sexuality; her numerous papers on reconstruction in psychoanalysis in which, for the sake of science, she did not hesitate to divulge the most intimate details of her childhood; her papers on masochism; her biography of Edgar Allan Poe; her papers on myth,

war, anthropology, anti-Semitism. She gave proof of her gift as a writer in the delightful story about Topsy, the Golden-haired Chow, and of her poetic fantasy in Flyda of the Seas. When I saw her last in 1961 she showed me a manuscript about Miscarriages of Justice and, only a few weeks before her death, she wrote me proudly that she had prepared a paper for the Stockholm Congress on a thesis which could be called a modern Medea.

During the summer of 1961—at seventy-nine—she started to learn Russian, went swimming three times daily, and actually had learned how to snorkle. She was delighted to hear that we were planning to edit a second volume of Drives, Affects and Behavior to honor her eightieth birthday. This will now appear as a memorial volume.

Marie Bonaparte not only contributed to psychoanalysis by her scientific work but was also intensively active in the psychoanalytic movement. She was the founder of the Paris Psychoanalytic Society and provided it with a splendid library. At the time of her death she was an Honorary Vice President of the International Psychoanalytic Association, an Honorary Member of the American Psychoanalytic Association, and of the psychoanalytic societies of several European countries.

She helped many young psychoanalysts with her advice and her generosity. It was she who enabled Géza Róheim to undertake his first field work in psychoanalytic anthropology.

Her 'transference' to Freud grew into a mature and unwavering devotion, to which Freud reciprocated with a feeling of high esteem and genuine friendship. After her farewell visit to Freud in the fateful summer of 1939, Freud told me how fortunate he felt to have such devoted friends. On one occasion only did she act against Freud's wishes: she refused to destroy the Fliess letters, which she saved for posterity. When the Nazis marched into Vienna she went there immediately, using whatever influence she could muster to prevent the imminent danger threatening Freud, his family, and his associates. She loaned Freud the money that the Nazis compelled him to pay as a ransom for permission to leave Austria.

I, personally, will never forget the hospitality she offered me and my family when I finally reached Paris.

She worked feverishly to provide visas, working-permits, and financial help for scores of refugees—not only analysts.

Marie Bonaparte showed extreme courage in the face of danger,

physical illness and pain. Never did I see her frightened. In this respect as well as in her insistence always to be told the truth, she followed her master's example. She spoke calmly about death, but hated the idea of invalidism. This she was fortunate to escape.

All psychoanalysts, all her friends and admirers will cherish her memory and will join her children and grandchildren in mourning for her.

MAX SCHUR, M.D.

# BOOK REVIEWS

THE INTEGRITY OF THE PERSONALITY. By Anthony Storr. New York: Atheneum Publishers, 1961. 175 pp.

Storr states his ideal of psychotherapy simply and expounds it clearly in this book. The goal of psychotherapy, he thinks, is to help the patient to the maximum amount of self-realization that is possible for him, 'the fullest possible expression in life of [his] innate potentialities [as an] individual, the realization of his own uniqueness as a personality'. The author argues that man is not a solitary animal. 'We are all, inescapably, members of one another, and no one can achieve independence and maturity in isolation from his fellows.' He accepts Fairbairn's concept of the final stage of emotional development as 'mature dependence', as a capacity for relationships 'involving evenly matched giving and taking between two differentiated individuals who are mutually dependent'.

After a review, starting with Freud's death instinct, of a number of theories concerning the sources of destructive urges in human behavior, the author inclines to the conclusion that 'aggressiveness is both innate and likely to become progressively less important as development proceeds. Aggression', he says, 'is necessary for development, for separateness, for the achievement of differentiation from the parents. Competitive aggressiveness, sibling rivalry, is characteristic of immaturity and should diminish as self-realization proceeds.'

Storr attributes impediments in the way of this development mostly to the immaturity of parents who cannot tolerate rebellion in their children and require their subservience and agreement with them. 'But differentiation is essential for individuality', he continues. 'The notion that it is always wrong or dangerous to oppose anyone else is easily implanted in the child, but this notion is crippling to the personality as a whole for individuality implies opposition and differentiation.'

The author is much impressed by the fact that a child's parents often lack the qualities needed to develop some of the child's most important potentialities. It is fortunate, therefore, if the child comes in contact with others, a favorite teacher, for example, who 'may evoke latent potentialities by providing a model with which the

child can identify itself'. This, Storr believes, 'is an argument for the widest possible type of education; for the school with a wide range of staff, for the university in which every variety of opinion is represented, not the specialized technical institution'.

The concept of evoking or liberating latent potentialities of the patient is the key to the author's concept and ideal of psychotherapy. 'The results of psychotherapy', he says, 'do not seem to depend upon the school to which the therapist belonged. . . . The underlying common factor is the development of the relationship between the patient and the psychotherapist.'

Storr does have one reservation as to the psychotherapist's method, however. He contrasts sharply 'psychotherapy in which persuasion, suggestion, and hypnosis are the principal methods employed and psychotherapy which is predominantly analytic. . . . It is the dominant position of the therapist and the submissive position of the patient which makes suspect all techniques of psychotherapy based on suggestion, for to dominate another is to treat him as less than a whole person and ultimately to interfere with his development toward being a whole person in his own right.' On the contrary, the author insists, 'the most important requirement for the patient in any form of psychotherapy [is] a milieu in which development can proceed'. In the course of development, a child 'needs . . . the security of an objective love, which . . . enables him to become himself in the full flower of his individuality'. This is the role which the therapist must take in order to free the patient from the crippling effects of his past. 'The technique which he employs, the views which he holds, are probably of comparatively little importance; the attitude he has to the patient and the relationship he makes with him are vital.'

This reviewer has one important criticism. The author's ideal of psychotherapy is a beautiful one and essentially sound, especially for patients who have the potentialities for maturity that make them accessible to analytic therapy. The analyst's theories may indeed be unimportant but one thing is very important, which Storr undoubtedly recognizes but has left to be taken for granted. The analyst must understand his patient, not only what the patient knows consciously and can tell the analyst freely, but much that the patient does not know and resists learning. To understand the patient's unconscious is something that the analyst cannot take for granted but must learn,

usually by means of long and careful training. Even Freud had to learn psychoanalysis by arduous and often painful effort.

THOMAS M. FRENCH (CHICAGO)

REMEMBERING. A PHILOSOPHICAL PROBLEM. By W. von Leyden. New York: Philosophical Library, Inc., 1961. 128 pp.

This philosophical study of memory makes abundantly evident the complexity of the subject. The author accepts the importance of psychological studies of memory but considers them unnecessary for his argument. Whether the manifestations of memory lend themselves to philosophical abstraction, as mathematical symbols do, may, however, be doubted. As a psychoanalytically-oriented reader, I find myself dissatisfied with von Leyden's limited approach.

Essentially, the book is a critique of two conflicting philosophical theories of memory, that of Bertrand Russell, which is called the 'empiricist' or 'present approach', and that of Gilbert Ryle, which is called the 'past approach'. Von Leyden attempts to search out the truth in each theory with, however, preference for the former. According to him, Ryle considers the important sense of the word '"remembering" [as] having learned something and not forgotten it', whereas Russell makes the point that 'everything constituting a memory belief is happening *now*, not in the past to which the belief is taken to refer'. The belief in the existence of the past can only be an assumption that can neither be proved nor disproved. But, adds Russell, it is psychologically impossible to doubt the reality of the past. The assumption that memory is generally trustworthy, though fallible, makes remembering a source and a premise of knowledge.

Von Leyden objects to Ryle's formulation because it makes memory genuine or veridical and thus necessarily infallible; what is false or uncertain is not memory. He believes, and the psychoanalyst will agree, 'that there are totally delusive memory experiences and that there does not seem to be any intrinsic or qualitative difference between these and genuine memories'.

The problem raised is not different from that which concerns the psychoanalyst: 'The question at issue is how I can know that my or anyone else's present memory experience of a past event is in fact a

memory of that event. My experience when I claim to remember the past event is the same irrespective of whether my memory is veridical or delusive . . .'. Both are concerned with the relation of the event and the memory, but there is a difference in emphasis. The philosopher is concerned with the persistence of the memory as an unbroken chain from the event to the memory, without which one cannot be certain that the memory is veridical. Even the evidence that an actual event occurred does not give proof that the memory of the event is a true one; it may, for instance, be based on hearsay or inference, with the conviction of an actual occurrence. The psychoanalyst is concerned with determining the reasons why the memory of the actual event may be distorted or forgotten. The philosopher's problem is epistemological, the analyst's clinical, but they are not necessarily in conflict.

By putting aside psychological considerations, especially those supplied by psychoanalytic experience, the philosopher drastically limits his argument. The gap between the event and the memory is what worries the philosopher, whereas it is the gap upon which the psychoanalyst focuses to determine the relationship of the event and the memory. Where the philosopher seeks to establish whether the remembered event actually occurred and is veridically recalled, the analyst seeks to establish the effect of the event on the person, whether it is consciously remembered or not.

The author finds the 'past approach' of Ryle and the 'present approach' of Russell both indispensable, but at the same time insufficient as criteria for the correct application of the word 'remember', and he adds, 'there appears to be no other approach'. This surprising conclusion may derive from the fact that he chooses to ignore unconscious mental activity. In his discussion of forgetting he dismisses without amplification the usefulness of the concept of 'the unconscious' or the hypothesis of 'repressed' memories. He implies that the issue is largely philosophical and perhaps linguistic and not 'concerned with what actually happens within my head'. The unconscious memory signifies to him 'an inaccessible process'.

Thus von Leyden, in a phrase, disposes of more than half a century of psychoanalytic work. This is the more curious since he devotes a long chapter to 'the partly delusive nature of remembering' in which he gives a detailed account of the subjective factors which distort memory and in which he argues against Ryle's 'pedantic' def-

inition of memory, that 'what is remembered must have happened and must have happened as it is remembered'. He describes false memory experiences based on deceptive perception and says that though the point he is trying to make is not altogether novel, he doubts that any further conclusions have hitherto been drawn from it. In another place he speaks of a 'logical kind of falsifying tendency' as distinct from a 'psychological' kind but admits that the latter, no less than the former, 'may be at work in all our memories and not only when we are conscious of it'. What this logical kind of falsifying tendency is and how it operates outside of psychological functions is not made clear. Is there, one may ask, any mental activity outside the domain of psychology?

Von Leyden thinks that the proof of correctness of a memory claim is difficult and depends on external evidence, such as records and witnesses, and is not inherent in the memory experience itself. There is, however, another technique for establishing the correctness of a memory that he does not mention, the psychoanalytic process. Of course, by no method can the philosophical sceptic be convinced of the actuality of a past event no longer available to immediate perception, but we are here concerned with empirical truth, not philosophical truth.

The psychoanalyst in his daily work is constantly involved with memory, the correction of distorted memories, or the reconstruction of repressed memories. He assigns the function of memory to the autonomous ego and recognizes that it is subject to secondary disturbance by conflict. He sees no memory as the precise recovery of an actual experience, a point clearly demonstrated in innumerable clinical papers, such as Ernst Kris's The Recovery of Childhood Memories in Psychoanalysis.[1] Mr. von Leyden agrees with this when he says, '. . . it is possible that no veridical memory is entirely like the fact or event remembered'.

The author has been influenced more than he admits by psychoanalytic concepts. He has written a useful and worthwhile book deserving of careful reading by psychoanalysts. It would be a better one if the contributions of psychoanalysis to the problem of memory were integrated with the philosophical considerations.

DAVID BERES (NEW YORK)

[1] *The Psychoanalytic Study of the Child, Vol. XI.* New York: International Universities Press, Inc., 1956.

THE PSYCHOLOGY OF AGGRESSION. By Arnold H. Buss. New York: John Wiley & Sons, Inc., 1961. 307 pp.

This book is largely a review of various approaches by psychologists to the problem of aggression. The author does not attempt any original contributions, but he does take a theoretical stand and attempts a synthesis of certain ideas.

The first part of the book deals with definitions of aggression and related phenomena in behavioral terms and carefully defines the author's behaviorist orientation. On the part of the reader this requires a mastery of a special vocabulary, as difficult in its own way as a technical vocabulary in a remotely familiar scientific discipline. The reader must become fluent, for example, with such concepts as 'instrumental responses', 're-enforcers', and 'consummatory responses', as well as a classification of 'aversive stimuli' and such notions as 'stimulus generalization' and 'response generalization'. These terms are indispensable to any comprehension of the laboratory investigation of aggression and its physiological substrate. Part two deals with projective and other testing techniques for the study of aggression in the individual. It also summarizes personality theories of aggression and discusses aggression in psychopathology and psychosomatic disorders from a behaviorist point of view. Part three is concerned with prejudice, some sociological problems of aggression, and aggression in children.

Professor Buss seems to have done a scholarly job within the limitations of his approach. Where he compactly abstracts psychoanalytic theories of aggression he does so objectively and without the polemical excursions often so tempting to the representative of a 'school of thought' when discussing the ideas of another 'school', especially in the field of psychology.

It is interesting to follow the development of concepts that are built upon the fundamental behaviorist premise that 'intent' must be excluded from the phenomenology of aggression in order to deal with its problems in 'scientific' terms. 'In summary', the author states, 'intent is both awkward and unnecessary in the analysis of aggressive behavior; rather the crucial issue is the nature of the re-enforcing consequences that affect the occurrence and strength of aggressive responses. In other words what are the classes of "re-enforcers" that affect aggressive behavior?' To translate concepts derived

from such an orientation into the working terminology of psychoanalytic psychology, which deals with 'intent' both conscious and unconscious, would require a large glossary. This would not be practical in a review if indeed it is feasible at all.

It is in Professor Buss's discussion of aggression in psychopathology, however, that the psychoanalytically oriented reader will meet, in their most concrete form, the major obstacles to communication between these two approaches to the problem. Here it is apparent that just as the clinical psychoanalyst may suffer from conceptual limitations by being unfamiliar with laboratory method and its consequences for theory, so may a behaviorist psychologist without clinical experience fall into a trap by a naïve complacency concerning the intricacies of the psychopathological facts of life. Can a behaviorist speak of 'unconscious motivation' in psychoneurosis while excluding 'intent' in general from his definitions? Can such psychoanalytic terms as 'reaction-formation' and 'sublimation' appear casually in a behaviorist interpretation of psychopathological manifestations without doing violence to conceptual clarity? More substantive issues, however, are raised by the author's incomplete comprehension of what psychoanalysts are talking about when they deal with such problems as depression. A translator may know the equivalent words in two languages but unless he understands the content of the passage he is dealing with, his bilinguality may produce an equivalence of words without an accurate rendition of ideas.

The following example is an illustration of a fallacious representation of psychoanalytic views quite apart from any question of the intrinsic validity of the idea. In discussing psychoanalytic views of depression as contrasted with behavioral ones, the author states, 'There are two kinds of speculation concerning the development of depression. The first is psychoanalytic (Freud, 1925; Nacht, 1948); [The juxtaposition of only these two references is in itself curious.] it assumes that both a hated and a loved object are represented within the individual. The depressive is ambivalent toward the internalized object and there is an aggressive explosion against this loved object. The good part is the ego and the bad part the superego. The depressive's attempt at suicide represents an attempt of the ego to kill the bad part of himself, the superego.' Whatever the behaviorist view of the theses of 'mourning and melancholia' they, at least, deserve a correct rendition. One suspects however that this

is not merely a problem of accurate paraphrasing but one of technical experience as well. Such a transliteration is likely to fail if the author has not had experience in the intensive psychotherapy of patients suffering from depression.

In spite of these shortcomings, Professor Buss's book is worth reading not only for 'interdisciplinary' education but for the opportunity it offers the psychoanalytically oriented reader to become aware of the gaps, the ambiguities, and the general confusion in his own system of ideas, as well as those of others, in studying this slippery topic.

VICTOR H. ROSEN (NEW YORK)

ANOREXIA NERVOSA. GESCHICHTE, KLINIK UND THEORIEN DER PUBERTÄTSMAGERSUCHT. (History, Clinical Aspects and Theories of the Addiction to Weight Loss in Puberty.) By Helmut Thomä, M.D. Berne, Switzerland: Verlag Hans Huber, 1961. 352 pp.

This is a monograph of unusual thoroughness, in the best German tradition of a *Handbuch*. An excellent historical review encompasses both the pathophysiological and the psychological aspects of this syndrome, which has been described under various headings as far back as 1500 A.D. An attempt is made to delineate the syndrome from the 'excessive psychogenic weight loss' (Bliss, 1960) which may occur in childhood, in melancholic depression, in schizophrenia, and in other states. The following factors are diagnostically pathognomonic: 1, the syndrome occurs almost exclusively in the female; 2, it starts at or shortly after puberty; 3, the somatic symptoms—amenorrhea, vomiting, and constipation—nearly always precede the severe anorexia and weight loss; 4, hyperactivity is frequent. The syndrome is 'coherent in the core of its symptoms . . . and shows variations in its general psychopathology'.

Accordingly, what one might call a 'puberty-crisis' becomes the central theme of the author's psychoanalytic considerations, leaning extensively on Anna Freud's views on adolescents. Unable to cope with the upsurge of instinctual demands, an 'asexual ego ideal—"I am neither boy nor girl"—serves as reaction-formation to assure that sexual wishes shall not reach consciousness'. Food, its intake or refusal, becomes the representation of libidinal and aggressive in-

stinctual strivings and of their objects. The interplay of insoluble psychic conflict and of the severe psychosomatic phenomena results in regression, with eventual restriction of various ego activities and functions, and a correlated prevalence of narcissistic manifestations.

The nosological and psychodynamic formulations are illustrated by three extensive and two shorter case histories. They are excellently written; the cases really 'come alive' which is especially remarkable because there is a certain monotonous, stereotyped aspect to the symptomatology and even to the looks of these patients. The author makes extensive use of dream material. The absence of obvious somatic, genetic factors in the history is emphasized. The weight until the outbreak of overt symptoms was average. The menarche occurred at the normal age. There was no evidence of an underlying endocrine pathology.

Although the author does not report any endocrine studies, he quotes extensively from recent literature. The consensus seems to be that the amenorrhea is of an 'ovarian' type and that there is no evidence of an anterior pituitary insufficiency, which agrees with a quoted recent report of eight autopsies. The autopsy of the author's single fatality (one out of thirty) revealed a chronic basal meningitis of unexplained origin and a 'severe diminution of the eosinophile and basophile cells of the anterior pituitary lobe', to which no significance is attributed.

Of nineteen cases in which psychotherapy was attempted, fifteen were short-term treatments. Even in these cases, what we would call a psychoanalytically oriented therapy was conducted. In the cases in which prolonged treatment (eighteen to thirty months) could be maintained, the severity of the cases, the age, the necessity of occasional change of therapist, enforced certain 'parameters' of classical psychoanalysis, including play therapy and use of drawings. One also gets the impression that the technique was somewhat influenced by the mere existence of the research project, especially by the urge to know as much as possible about the illness. This may have contributed to comparatively early use of 'deep' interpretations, for example, in case five.

It is significant that considerable improvement could be achieved not infrequently in short-term psychotherapy. Of the nineteen cases the improvement in eight was attributed to therapy, while in nine cases the improvement occurred independently of it. Such sudden,

often quite unexpected, recoveries agree with my own experience.[1]

I have mentioned that the main emphasis is on the 'puberty crisis'. In the discussion of etiological factors in terms of 'fixation' versus 'regression', the emphasis is accordingly on the decisive importance of the 'present conflict' and the consequent regression. From this arises the extreme ambivalence that is seen mainly as a regressive phenomenon. The author states that 'he did not get a clear image of the patients' close relatives' and adds regretfully that 'the family could not be examined psychologically as thoroughly as it was done by Lidz and his co-workers'.

Reconstruction in analysis is usually done independently of such 'sociological' studies. What we are trying to reconstruct is not only the aspect of a realistically 'permissive or frustrating' mother, but the whole spectrum of development of all structures in interaction with early object development.

We learn from the case reports, especially the three extensive ones, that this development was so disturbed from earliest childhood that the psychic equilibrium could not be maintained when the patients entered the critical period of puberty. The 'asexual ego ideal' represents not only a reaction-formation against both sexual wishes and penis envy. It is also a struggle against the identification with the mother, an expression of confusion of sexual aims and identity, and of self- and object-representations. The wish for, and the deadly fear of, re-fusion of such representations is seen so frequently in borderline cases, in severe psychosomatic disorders, and has been so poignantly described by Edith Jacobson in schizophrenics. This conflict comes out clearly in the dream material (for example, see p. 232). The ego regression in these cases, which is such an essential factor in the resomatization of responses, is as crucial for the pathology as the libidinous regression.

The concept of regressive resomatization might also be helpful in the delineation of conversion and psychosomatic phenomena in anorexia nervosa to which much thoughtful discussion is devoted. The intensive conflict around identification with the mother makes

[1] It should be mentioned here that Douglas Bond had reported at the Nineteenth International Psychoanalytic Congress successful analysis of several cases of Anorexia Nervosa in which symptomatology and psychopathology had much in common with the material of Thomä. This report has unfortunately not yet been published.

it understandable that puberty precipitates the breakdown of defenses and also that anorexia nervosa is seen so predominantly in girls. In males such conflicts will result in different pathology such as overt homosexuality. It would have been interesting to hear about the psychopathology of the only male case.

Although the author describes 'isolation' as the predominant defense, I would assume from the material and from my own experience the even greater impact of primitive denial. It is probably indicative of the relative importance of such movements as 'descriptive psychopathology', 'constitutional typology', 'existentialism', and 'neopsychoanalysis' in contemporary German psychiatry that so much thought and space in the book is devoted to critical discussion of them. It is extremely gratifying to witness the resurgence of serious psychoanalytic thinking which has been taking place in Germany during the last few years and which is reflected in the high level of such publications as this one.

MAX SCHUR (NEW YORK)

HOMOSEXUALITY. A PSYCHOANALYTIC STUDY. By Irving Bieber, et al. New York: Basic Books, Inc., 1962. 358 pp.

This volume written by eight psychoanalysts, a social psychologist (Toby B. Bieber), and a clinical psychologist (Ralph H. Gundlach), presents a systematic study of one hundred and six male homosexuals and one hundred male heterosexuals in psychoanalytic treatment with eighty-two members of the Society of Medical Psychoanalysts (New York). The data collected in these individual psychoanalyses were subjected to a comparative clinical and statistical study by the authors. Of the homosexual patients treated, sixty were in analysis less than two hundred hours and forty-six received two hundred treatment hours. In the control group of heterosexual cases, forty had less than two hundred treatment hours and sixty were in treatment for at least two hundred treatment hours. A close study of the methods employed by this psychoanalytic research team is certain to be of value to those undertaking similar research.

Psychoanalysts have long been sceptical of information elicited by questionnaires which purport to give a scientific explanation of human motivation and behavior. There is a basic fallacy in attributing

scientific meaning to an act according to its frequency of occurrence. Some of the conclusions reached in the Kinsey Reports well illustrate this point. The meaning of an act, thought, or feeling depends upon its position in a mental sequence, its motivational context. The authors wisely provide us with documentation as to motivational context through the use of short illustrative case histories including dreams of homosexual patients. Their Homosexuality Questionnaire (Appendix A) also succeeds in avoiding many of the pitfalls that questionnaires inherently possess. For example, the authors, realizing that there is a 'large area of subjective interpretation' of the meaning of a term such as identification, ask questions of the participating psychoanalysts which 'stay close to the lines of conscious and objective parameters', for example, 'Did the patient ever want to be a woman?' and 'Whom did the patient want to be like in childhood?'. There are many other good examples of this sound approach.

The authors aim 'to delineate those variables that have the most probable relevance or are most central to the problem of homosexuality'. In presenting their findings on mother-son relationships, father-son relationships, siblings, the triangular system, and homosexuality in adolescence, they largely succeed in this goal. Analysts who have treated only a limited number of overt male homosexuals will have many of their findings confirmed by this report. For example: 1, most homosexuals show both a conscious suppression and an unconscious repression of heterosexual desires at one time or another during treatment; 2, almost one-half of overt practicing male homosexuals express desires for heterosexual intercourse in their manifest dream content; 3, few male homosexuals have fathers who take a firm stand in protecting them against 'destructive maternal behavior' in childhood and adult life; 4, if the homosexual symptom is ego syntonic as reflected, for example, in an effeminate voice or gestures, the prognosis is unfavorable. On the other hand, it is somewhat surprising to find that almost one-half of the homosexuals in this study were diagnosed as having character disorders and approximately one-third were schizophrenic. In this reviewer's experience nearly two-thirds of homosexual patients suffer from either latent, pseudoneurotic, or overt schizophrenia. Favorable prognostic indicators are: the patient's remaining in analysis beyond one hundred and fifty hours; a strong conscious desire to become heterosexual; the patient's feeling 'respect' for his father.

The results of treatment are encouraging and will do much, it is hoped, to dispel the defeatism that has surrounded the psychoanalytic treatment of overt homosexuality. Of one hundred and six homosexuals (bisexual or exclusively homosexual) who undertook psychoanalysis, twenty-nine (twenty-seven percent) became exclusively heterosexual. Of the seventy-two exclusively homosexual patients, fourteen (nineteen percent) became heterosexual, and of the thirty homosexual patients who began treatment as bisexual, fifteen (fifty percent) became heterosexual.

Serious inaccuracies, oversimplifications, and omissions occur whenever the authors depart from their own investigative pursuits and enter the area of psychoanalytic theory. Therefore the claim that 'the design of the research has also permitted us to test some of the current psychoanalytic hypotheses' falls far short of the first aim. For example, on page 1, it is erroneous to state that Freud 'cited no clinical or experimental proof' that homosexuality arises from both constitutional and experiential factors. One has only to refer to Freud's Fragment of an Analysis of a Case of Hysteria (1905); My Views on the Part Played by Sexuality in the Etiology of Neuroses (1906); Analysis of a Phobia in a Five-Year-Old Boy (1909); The Disposition to Obsessional Neuroses (1913); On Narcissism: An Introduction (1914); From the History of an Infantile Neurosis (1918); A Child is Being Beaten: A Contribution to the Study of Sexual Perversions (1919). In addition, no mention is made of three important panel reports of the American Psychoanalytic Association on the subject of male homosexuality and sexual perversion in general in which important theoretical, clinical, and therapeutic advances in the understanding of this disorder were made. (Psychodynamics and Treatment of Perversions, 1952; Perversions: Theoretical and Therapeutic Aspects, 1954; Theoretical and Clinical Aspects of Overt Male Homosexuality, 1960.)

In the chapter on Developmental Aspects of the Prehomosexual Child, the authors state that according to freudian concepts '. . . the constitutional tendency idea invoked as a basis for homosexuality is, after all, nothing but another way of saying "he was born that way" '. In the Three Essays on the Theory of Sexuality (1905), Freud clarified this issue: 'There is indeed something innate lying behind the perversions but that is something that is innate in *everyone* though as a disposition it may vary in its intensity and may be increased by

the influence of actual life. What is in question are the innate constitutional roots of the sexual instinct.' This can hardly be taken to mean that freudian theory implies that a homosexual is 'born that way'.

The authors reveal that they were unable to validate the ubiquity of 'latent' homosexuality and were unable to 'observe any evidence of this "complex" ' in many males. At the same time they concede the 'possibility that some psychoanalysts . . . through a subjective bias of one kind or another did not observe "latent" homosexual manifestations . . . ' . This chapter ('Latent' Homosexuality) demonstrates a serious misunderstanding of freudian theory.

Having divided the members of their psychoanalytic group into 'freudians' and 'Culturalists', one finds the astonishing statement that '. . . . the "Culturalists" view the œdipus complex as occurring only in a highly psychopathologic family matrix and [as] usually associated with schizophrenia' (p. 34). Most 'Culturalists', in my opinion, will take strong exception to this statement. And it is naïve to state: 'The freudian position on "latent" homosexuality is *summarized* [italics mine] . . . ' by Karl Abraham whose last psychoanalytic paper was published in 1925. Lastly, it is discouraging to find no mention of crucial psychic mechanisms usually present in overt male homosexuality, whether the frame of reference be 'freudian' or 'Culturalist'. These mechanisms are a predominance of archaic and primitive psychic phenomena, such as splitting and denial and libidinization of certain defense mechanisms and anxiety.

To be sure, this volume merits study, and to the authors and participating psychoanalysts goes our gratitude for their prodigious labors in presenting so clearly the phenomenology of overt male homosexuality.

CHARLES W. SOCARIDES (NEW YORK)

ADOLESCENTS. PSYCHOANALYTIC APPROACH TO PROBLEMS AND THERAPY. Edited by Sandor Lorand, M.D. and Henry I. Schneer, M.D. New York: Paul B. Hoeber, Inc., 1961. 378 pp.

The editors and various contributors to this volume, an outgrowth of a series of lectures given to students of child psychiatry, are well known for their theoretical and practical knowledge of psychoanalysis, child analysis, and child psychology. Every one of these lectures as they are now published in the book shows clarity of presentation

and thoughtfulness of theoretical speculations. Selma Fraiberg's chapter on homosexual conflicts is a masterpiece of clinical description. Judith Kestenberg's chapter on puberty is a real contribution which systematizes our knowledge of female sexual development; she here summarizes her views and enlarges the knowledge outlined long ago by Freud and especially by Helene Deutsch.

Even though I admired the individual chapters, I found the book as a whole rather disappointing. Rather than a comprehensive study of the 'psychoanalytic approach to problems in therapy', it is more a case book on adolescents. It lacks cohesiveness and uniformity of point of view. It indicates the difficulties encountered in treating adolescents and seems to confirm the lay concept that adolescents are rather impossible people and that their therapy is full of difficulties and danger. There is no chapter on the neurotic adolescent, the obsessive, or phobic. Although there is a chapter on learning problems, nothing is said about gifted adolescents and their difficulties.

I agree with Anna Freud and Dr. Lorand that the psychoanalysis of adolescents is a most taxing and often frustrating activity, but I cannot agree that the psychotherapy of adolescents is any more difficult than the therapy of a latency child or of an adult. Many of my colleagues and I have been impressed by the flexibility of many adolescent patients and by their capability of establishing a therapeutic alliance, perhaps not for years, but for a period of time sufficient to approach them with an analytically oriented psychotherapy. When the deep need of the adolescent to form extrafamilial relationships is recognized, it can be made use of in therapy. This need, however, has to be coupled with recognition by the therapist of the patient's inordinate fear of 'capture'. If the therapist is willing to accept limitations of his therapeutic zeal and professional narcissism, adolescents will be no more difficult to treat than patients of other age groups. The average adolescent will accept us as exalted beings only for brief periods of time. For much of our therapeutic work, we psychoanalysts have to tolerate that, for the teenager, we are 'headshrinkers' or 'wigpeckers'.

In summary, the individual chapters of this book range from superior to excellent. I would have preferred to see them published in a variety of journals rather than in a book which does not fulfil the promise of its title.

HENRY WERMER (BOSTON)

FOUNDATIONS OF PSYCHOPATHOLOGY. By John C. Nemiah, M.D. New York: Oxford University Press, 1961. 338 pp.

Dr. Nemiah has written a beguiling book. It is intended as an introduction to psychological principles for those who have little or no knowledge of psychology. In this respect, it fulfils its purpose admirably. One is led from one striking literary example to another. Indeed, the author's style and clarity are such that one finds oneself reading the book for the 'story'. He cites St. Augustine, Robert Burton, Marcel Proust, Rainer Maria Rilke, John Clare, Gérard de Nerval, Oliver St. John Gogarty, and Æ. He develops a strong literary background that gives a fresh approach to psychological conflict and also indicates the universality of such conflict. An example is a book entitled, Agent of Death, by Robert Elliott—the reminiscences of an executioner at Sing Sing who carefully delineates the detailed care with which he did his work; Nemiah contrasts this with the impulsive-aggressive outburst of a murderer. This literary reference serves to illuminate the discussion of ego functions.

In his case examples, Nemiah is not quite so successful since, as in most textbooks, they have a rather contrived quality and sometimes tend to obscure the point the author is trying to clarify. This is especially true in a protracted discussion of depression, mourning, and pathological grief. Here the author moves finally to a more didactic delineation of the concepts of incorporation, introjection, and identification.

The book is divided into four major parts: I, Form, Fantasy, and Interviewing: Exploring the Design of Psychological Illness; II, Three Fundamental Concepts—Psychological Conflict, The Unconscious and Repression, and Past in Present: The Childhood Roots of Emotional Disorders; III, Symptom Formation, which includes a discussion of ego structure, narcissism, and depression; IV, Emotions, Illness, and the Therapeutic Relationship.

The volume is intended for medical students who have not as yet had clinical experience, and for them it should serve as an admirable introduction; it is to be commended for its pervasive humanness as a counterbalance to strictly cut and dried concepts. Because it does not purport to be a textbook that covers 'foundations of psychopathology', it seems unfortunate that Nemiah should have chosen the title he did. It is more a general introduction to the field

of psychopathology. However, he has included an extensive bibliography so that further knowledge can be pursued by the individual student. There is also a glossary of technical terms.

The basic question that remains unresolved in this book, or in any textbook, is the problem of teaching medical students psychiatric and psychoanalytic concepts for which they are unevenly prepared. While the present volume purports to be aimed at the student who has no knowledge whatsoever of psychology or psychiatry, few students arrive at medical school in this state of ignorance. On the other hand, there is a wide difference between the knowledge of students who have had little contact with psychology and those who may have made this their major study in undergraduate years. The other problem that confronts anyone teaching a basic course in psychiatry to sophomore medical students is that of presenting clinical material to students who have not yet had clinical experience. The case history, as outlined in a book or given in a lecture, often lacks the vitality of an actual case and tends to skew the student's perception of the dynamic concept being presented by the force of the dramatic aspects of a particular case. Nemiah recognizes this fact and does not pretend that the student will be able to grasp dynamic analytic theory simply from exposure to his book.

In general, the author follows present-day psychoanalytic thought, and his explication of ego psychology as woven into his examples is expert. The literary heritage of psychoanalysis is recognized and used, and the formulations are a sound introduction to basic psychoanalytic theory.

HERBERT T. SCHMALE (ANN ARBOR, MICHIGAN)

CONTEMPORARY PSYCHOTHERAPIES. Edited by Morris I. Stein, Ph.D. New York: The Free Press of Glencoe, Inc., 1961. 386 pp.

This book is based on a series of lectures on psychotherapy sponsored by the Department of Psychology at the University of Chicago during 1958-1959. The following theoretical orientations were represented: Adlerian, Client-Centered, Existential, Interactional, Interpersonal, Psychoanalytic, Reparative Adaptational, and Transactional. Also included were group therapy and family therapy.

The list attests to the increasing variations of psychotherapy. Besides the dominant influence of Freud we find important contribu-

tions from the social sciences, the teachings of Sullivan, and the more recent philosophical ideas of existentialism. As might be expected, the various lecturers are partial to their own points of view; the editor states: 'At times, one gets the impression that there is much duplication of effort and wasted energy as they go about rediscovering each other's principles and ... coining new terms for theories and techniques that are practically synonymous with ... already existing ones'. The development and evolution of classical psychoanalytic treatment is ably and fairly outlined and illustrated by Arthur A. Miller.

Don D. Jackson calls attention to the scarcity of experimentation with new techniques or variations in strict analytic circles. He says, 'Another problem is whether the controversy that is caused whenever one suggests innovations, drives would-be innovators from the field'. He adds, 'Over the period of years, changes have crept into technique which have never been formalized and perhaps never been quite admitted, and yet they are there. I would say the most obvious such cumulative change is the importance currently paid to countertransference and the personality of the therapist.'

Some contributors make a point of minimizing the importance of the theoretical approach. Jerome D. Frank, in a chapter entitled The Role of Influence in Psychotherapy, stresses the importance of faith and expectancy on the patient's part and calls attention to such factors as the unyielding value system of the therapist, repetitiveness, and the patient's participation in the face of ambiguous directives. Carl Rogers also de-emphasizes theory in his discussion, Helping Relationship. He states: 'It is the attitude and feelings of the therapist rather than his theoretical orientation, which is important'.

Rollo May's effort to present the views of the existential psychoanalytic approach is not, in the opinion of this reviewer, too successful, especially as it is related to therapy. He stresses: 1, the importance of phenomenology, the emphasis on phenomena as given rather than the cause (what is shame? rather than, what is its cause?); 2, the recognition that psychotherapy is based on presuppositions (not merely empirical investigations) which have to be re-examined continuously; and 3, ontology, which involves 'the study of being, the science of being. We must ask the question of the nature of man as man.'

Family therapy has two principal representatives. Nathan W.

Ackerman, discussing the general problem, is convinced that he gets a 'more accurate and deeper understanding of the psychopathology of the individual, whether child or adult' through the direct study of the family. This is quite a shift from the accepted principle of relying largely on the individual in therapy. However, family therapy, as an experimental approach, may contribute to understanding interpersonal reactions. Don D. Jackson contributes a chapter on Family Therapy in the Family of the Schizophrenic.

The current spirit of psychotherapy is summarized by Roy Grinker. 'In the field of psychotherapy, whose practitioners contend it now constitutes a scientific discipline', he says, 'tremendous activity has been stimulated recently. Recipients of fresh financial support are frantically observing and recording words, gestures, pulse rates, etc. of therapists and patients. Observers are observing observers and hoping that an interested statistician will some day find a method and several years time to analyze the mountains of stored records.'

It is evident from the clinical demonstrations of the various therapies discussed in the book that there is a definite trend among therapists to discuss more freely their feelings and attitudes toward their patients.

PAUL GOOLKER (GREAT NECK, N. Y.)

THERAPEUTIC COMMUNICATION. By Jurgen Ruesch, M.D. New York: W. W. Norton & Co., Inc., 1961. 480 pp.

The practicing psychoanalyst of today is more interested in communicating than in speculating about ways, means, and methods of communication. He follows the example of Freud, who is said to have once remarked, upon listening to a paper on methodology: 'How do you like to be shown the menu and never get to eat the food?'. However, there is a possibility that the science of communication points to the future and to the answer about the essentials of the psychotherapeutic process.

Ruesch tries to define all methods of psychiatry and of psychotherapy in terms of communication. His first book considered communication to be 'the social matrix of psychiatry'. In his next book he described the importance of 'nonverbal communication'. His two

latest books deal with 'disturbed communication' and 'therapeutic communication'.

According to Ruesch, all psychopathology is in essence a disturbance of communicative behavior, and our therapeutic efforts are directed at correcting faulty communication. Therefore, this study does not emphasize one type of therapy to the exclusion of another. It does not signal the founding of a new therapeutic school or a new philosophy. It merely attempts to study that process of communication. Ruesch tries to avoid making statements about theory on a high level of abstraction, or follow established methods of medical teaching by describing case studies and by telling about the personality of the patient and perhaps of the physician, but rarely gives an idea about the workings of therapy. In the present system of teaching psychotherapy, the student has to learn either by becoming a patient or by identification with the therapist. Ruesch suggests empirical observation of the communicative process. Many of these four hundred and eighty pages contain such observations, interpretations, and thoughts of the author to acquaint the reader with the author's lifelong study of communication.

The second chapter, The Ingredients of Therapeutic Communication, belongs with the best. The difference between signal, sign, and symbol may help the analyst in the clarification of his concepts.

It would be an interesting project in communication if the author, with his scholarly background would describe his ideas on psychotherapy, not as a textbook for his students but as if he were almost communicating with himself. Psychoanalysts would then listen with more attention and respect, and the voice of the teacher would perhaps change into the voice of the future.

MARTIN GROTJAHN (BEVERLY HILLS)

COERCIVE PERSUASION. A SOCIOPSYCHOLOGICAL ANALYSIS OF THE 'BRAINWASHING' OF AMERICAN CIVILIAN PRISONERS BY THE CHINESE COMMUNISTS. By Edgar H. Schein; Inge Schneier; and Curtis H. Barker. New York: W. W. Norton & Co., Inc., 1961. 320 pp.

The Center for International Studies of the Massachusetts Institute of Technology sponsored this study of the social psychology of change of influence and attitude. What pressures are designed, what

coercive means are used, in the Chinese program of ideological thought reform and reindoctrination? Since the process of brainwashing exists, psychologists, psychiatrists, and psychoanalysts must go beyond the implied political questions in asking themselves what this extreme of mental coercion means for their theoretical knowledge of psychological change. Even when the authors say that they are not concerned with the political implications of the whole thought-reform movement, every scientist is caught in a web of communications that gets hold of him, consciously or unconsciously, and molds him. People are converted not only in the political field or by religious ideas but their scientific a priori beliefs are also related to the persuasive circle in which they live.

This book is valuable because it gives an excellent summary of the various processes involved. Though it treats the subject mostly from a sociopsychological standpoint, it continually touches the individual dynamics involved and the close connection between political and personal values. The theories of influence which deal with change of ego, self, or identity appear the most applicable. Ample attention to psychoanalytic interpretation is given; the authors consider rationalization, identification, regression, and internalization. Because of their sociopsychological approach, they do not take into account sufficiently the mystery of human masochism and need for dependency. If one wanted to be critical one could ask, does there not also exist a mental coercion by negative emphasis and omission? Such is the way the book handles priorities of former publications and their criticism of colleagues. While the authors approach the subject from various, though nonintegrated, angles, they reproach others for doing the same.

The fact of mental coercion or coercive persuasion shows that, wherever human beings meet each other, the subtle battle of who will be the stronger in persuasive power—who is on top and who is down—begins. In looking around in the world people always stand in their own way, however objective they try to be.

I highly recommend this study because of its clear survey of facts and theoretical approaches. The science of human behavior needs both the analysis of individual psychodynamics and its interrelation with multifarious social and cultural influences.

JOOST A. M. MEERLOO (NEW YORK)

MAGIC, MYTH, AND MONEY. THE ORIGIN OF MONEY IN RELIGIOUS RITUAL. By William H. Desmonde. New York: The Free Press of Glencoe, Inc., 1962. 208 pp.

Desmonde approaches the origins and significance of money from a psychosocial point of view. Gold, as a unit of value, possesses virtues known to every economist; its ancient significance as a symbol of the sun and of participation by the possessor in the glorious power of the sun has not lost its unconscious meaning in modern times. Gold and silver were 'noble' metals; just as gold represented the sun, silver represented the moon, while the 'baser' metals were associated with lesser bodies in the celestially projected family—for example, lead with Saturn, quicksilver with Mercury. (Freud's analysis of The Theme of the Three Caskets is illuminating in this connection.)

Coins were first minted in the temples of the gods, stamped with effigies of divinities and kings. To acquire a coin was to acquire an amulet, a protection against evil, and an insurer of prosperity and sexual fertility. Money was thus holy from the beginning, a natural object of veneration and also an acceptable sacrifice to the gods.

Desmonde traces the derivation of money to food and to the totemistic sustenance to be derived from the bodies of parents and tribal ancestors. The bull, a universal totem animal often identified with the sun, progressed from the totem feast to the sacrifice and the sacred games that have come down to us in the bullfight. Bulls were thus logical units of value and provided a monetary standard before gold. Justice is inherently related to the equal division of food or money; that is, the sharing of the parent's body and love by the children. Wampum or fetishistic personal adornments reveal an intermediate stage in the transition of values from one's own body to the external world; Manhattan was exchanged in this way for beads and mirrors.

The understanding of money as an institution must still be drawn not only from its outer but from its inner significance. When we speak today of the 'high priests of finance' and regard predictions about business and the stock market with mystic awe, we are perpetuating the primitive magic of earlier days. Desmonde's fascinating data is analytically oriented; even in its present eclectic form, it may well stimulate analytic reflection and research. It is surprising, in view of his application of oral, phallic, and superego concepts to

the problem, that the author so completely overlooks the anal aspects of money. He did not succeed in discovering 'any information pertaining to ancient anal practices related to money'. As a beginning, he might be referred to the 'copious evidence from social anthropology' (Freud's The Interpretation of Dreams, Standard Edition, V, p. 403) on which Freud drew in equating gold with feces. Perhaps he would find more to be gained from analytic ideas before he turned to other sources of inspiration (Jung, Fromm, et al.).

MARK KANZER (NEW YORK)

TREATMENT OF THE CHILD IN EMOTIONAL CONFLICT. Second edition. By Hyman S. Lippman, M.D. New York: The Blakiston Division, McGraw-Hill Book Co., Inc., 1962. 367 pp.

Dr. Lippman is Director of the Amherst H. Wilder Child Guidance Clinic, St. Paul, Minnesota. In the first edition (1956) of his book, he clearly described the kinds of cases encountered in the clinic and the way the psychiatric team functions in evaluating and treating children. In this second edition he has added some material on group therapy, reading disabilities, and the use of dreams (especially manifest content) in child therapy. Some follow-up notes on previous cases are included. The book is especially useful to psychiatrists, psychologists, and social workers who are in training to work as a team in child guidance clinics. There is little that is new and of special interest to the psychoanalyst.

RODMAN GILDER, JR. (SCARSDALE, N. Y.)

CHILD OF FURY. THE STORY OF THE PSYCHOLOGICAL DEVELOPMENT OF A PSYCHOTIC CHILD. By James P. Daniel. New York: Exposition Press, Inc., 1961. 78 pp.

This short volume contains a fictionalized account of the treatment of a psychotic child by a staff psychologist at a state institution for mentally defective children. In this highly melodramatic tale all stops are out. The therapist-hero is confronted by antagonistic, cruel hospital personnel and a bungling, bureaucratic professional staff who, presumably in a fit of jealous pique, force the hero out of the hospital and thus interrupt the treatment which had till then

been going swimmingly. Although the author is said to be a trained psychologist, he presents a totally unreal, highly sentimentalized picture of the child-patient who seems less like a psychotic child than a poetic, oversensitive girl who has escaped into a fantasy world as a result of cruel treatment by her elders. The therapeutic philosophy is a garbled mixture of catharsis and Sechehaye's Symbolic Realization.

This is a poorly written book that will be of no interest to the professional reader.

HERMAN ROIPHE (NEW YORK)

PERSONALITY ASSESSMENT AND DIAGNOSIS. A CLINICAL AND EXPERIMENTAL TECHNIQUE. By Edward Bennett, Ph.D. New York: The Ronald Press Co., 1961. 287 pp.

This book does not fulfil its intention. The technique is described as a 'much needed bridge between the requirements of experimental and clinical psychologists'. The method is that of eliciting evidence of subjective feelings by means of multiple forced-choice judgments among a series of emotion-laden terms. The early chapters on mental health and maladjustment are shallow and superficial; they are followed by detailed descriptions of the technique, by which the subject is helped 'to express his subjective feelings'. The author claims that the only difference between traditional procedures of psychiatric and casework interviews and this device is that of quantification. In the discussion of the results, the reader is overwhelmed by a mass of data, much of it trivial and distorted. The application of this 'polydiagnostic' method is described in several case histories and a research project. While the approach is vigorously objective, the findings are without psychological significance and the social and clinical implications are generalized and naïve.

Current research emphasizes the need for translating clinical findings into quantitative data, subject to statistical analysis. However, experience has demonstrated that this can be accomplished within the framework of ego psychology, without overmathematical assessment and the destruction of basic principles.

MIRIAM G. SIEGEL (NEW YORK)

GROWING OLD. THE PROCESS OF DISENGAGEMENT. By Elaine Cumming and William E. Henry. New York: Basic Books, Inc., 1961. 293 pp.

In the last eighty years, the percentage of people in America over sixty-five has increased from 3.4 percent to 9.5 percent. Elaine Cumming, a sociologist with the New York State Department of Mental Hygiene, William E. Henry, Professor of Human Development and Psychology at the University of Chicago, and their associates give a detailed, empirical study of a sample of older people. As theoretical orientation they present the concept of 'disengagement', which is the ego's special function of adaptation to the aging process within the person; they discuss the ego's relationship to the environment and the reaction of that environment toward the older person. The thesis is well formulated and well documented by Ernest Damianopoulos.

The excellent character of this book does not hide the fact that it is not a psychoanalytic report or investigation, a fact that becomes especially evident in the chapter, The Very Old Ones, by Mary Lou Parlagreco. There is an almost irresistible challenge for an analytic team to join this already well-coördinated team of experts in order to deepen the research with analytic methods of investigation and insight into the psychodynamics of growing old.

MARTIN GROTJAHN (BEVERLY HILLS)

THE IMAGE OF LOVE. MODERN TRENDS IN PSYCHIATRIC THINKING. By Clemens E. Benda, M.D. New York: The Free Press of Glencoe, Inc., 1961. 206 pp.

Only a few will deny that such men as Pascal, Plato, and Kierkegaard have increased our understanding of the concept of love. But only a few, I am afraid, may be willing to say that the book by Dr. Benda has added something new to what has been known before. In his discussion of psychoanalysis Dr. Benda claims that Freud was unable to differentiate between love and sex, disregarding the fact that Freud made clear that he would use the term sex in the same way as Empedocles and Plato employed the word eros. Analysts are well aware of the fact that the study of psychodynamics alone will

never explain the problem of love but they use their knowledge of psychodynamics to eliminate the unconscious blocks that prevent neurotics from the experience of love.

Dr. Benda seems to have forgotten that the concept of identification and sublimation were introduced by Freud. At one point he says, 'love represents a free choice', then later writes, 'the expression "falling in love" indicates well that the person in love neither creates love nor has the power to will such a state'. These two statements appear to contradict each other. The author assumes that frustration results from lack of gratification of essential libidinal desires. However, according to Freud, frustration may also be caused by the damming up of aggression.

Although it is true that frustration of libidinal wishes may lead to the mobilization of aggression, it is also true that aggression may be mobilized even if the libidinal desires are gratified.

LUDWIG EIDELBERG (NEW YORK)

THE ADOLESCENT SOCIETY. THE SOCIAL LIFE OF THE TEENAGER AND ITS IMPACT ON EDUCATION. By James S. Coleman. New York: The Free Press of Glencoe, Inc., 1961. 368 pp.

This book is an elaborate documentation of the proposition that 'intellectual' is a dirty word in American culture. The milieu studied is that of Midwestern high schools, and it is found that the star athlete and the pretty girl have much higher status among their peers than the top student. This reviewer was gratified to find that a conclusion reached about her own Midwestern high school when she was sixteen is here substantiated with many graphs and tables.

Ten high schools in northern Illinois were selected from communities which exemplified a range in size and class composition. The main findings are based on questionnaires administered to students in 1957-1958. The students were asked what it takes to get into the leading crowd in their school, whether they considered themselves in the leading crowd, whether they would like to be someone other than themselves, what they would like to be remembered for at school, what kind of boy or girl they would like to date, and so forth. Relations among the variables contained in these questions have been statistically elaborated, with a breakdown for different

communities, for boys and girls, and for the four years of high school. The conclusion most notably reiterated is that 'athletic achievements are extremely important in adolescent status systems . . . unequaled by any other activity' (p. 88). These boys would rather be a nationally famous athlete than a scientist, missionary, or jet pilot. 'The pure scholars . . . are completely outdistanced by the athlete or the all-around boy who is both athlete and scholar' (p. 150). The girls do not want to be brilliant students either, or to date boys who are brilliant students. In the most upper-class community studied the girls of elite status in the school were very busy in extra-curricular activities, club women in the making.

Coleman maintains that the most intelligent students do not get the highest grades, being smart enough to avoid what has such a negative status sign in their group. The top scholars are thus apt to be the second-best minds, who miss the point about what is socially rewarded. Though the author seems to deplore the derogation of scholarship by his subjects, there is a suggestion that his own sympathies waver. In explaining the key to diagrams of social groupings he states, 'The boy or girl mentioned most often as the best scholar is represented by a square' (p. 183). Coleman tends to see the student with the best marks as 'passive' to the demands of his elders. Following a current vogue, he assigns top value to the 'creative' student, who may be too nonconformist to win top grades in school.

Scholastic gamesmanship is suggested as a possible means of giving the scholar status. The athlete, according to Coleman, is valued because he does something for the school and the community. The scholar's triumphs are a loss to his classmates; he is a 'curve-raiser' and makes things harder for the others. But this could be changed if teams from different schools joined in mathematics contests and the like. In this way brains as well as brawn could redound to the glory of the school.

Such a book presents a certain paradox: the propositions are banal, but the variables are important. One has only to chat with adolescents to realize what strong emotional overtones attach, for instance, to the topic of the 'leading crowd'. But a sociologist like Coleman presents us with propositions on such a topic which mainly reproduce the manifest thoughts of the teenagers themselves. Analysts, on the other hand, tend to eliminate the manifest content terms of their subjects and to substitute an interpretational con-

struction phrased in analytic terms. The value of this kind of book for the analyst is, I think, to remind us of manifest content in the lives and thoughts of adolescents which remains as yet incompletely interpreted. Analytic writers on adolescence tend to picture tormented youths, full of guilt and doubts about themselves; a sociologist like Coleman describes seemingly inane young people with petty strivings for status. These are descriptions on two levels of the same subject. It remains for the analyst to elaborate the mediating mechanisms between these two levels.

MARTHA WOLFENSTEIN (NEW YORK)

THE TEMPTATION. By Theodor Reik. New York: George Braziller, Inc., 1961. 256 pp.

This book attempts to solve the problem of Isaac's sacrifice by Abraham. Like the previous works of its author, it shows vast erudition and sparkling wit.

Reik supposes that the manifest story represents an attempt by the priestly editors in the Ninth Century B.C. to put an end to the flourishing custom of child sacrifice. To support their effort they attributed to the God of their mythical ancestors their own abhorrence of this custom. Archeological data indicate that child sacrifice as such did not exist among the nomadic desert tribes. Reik concludes that the repressed content of Isaac's sacrifice is the rite of initiation at puberty. He points out the parallels in the stories of Isaac and Christ. He stresses the similarity of Isaac's 'miraculous' and Christ's 'virginal' births. He states that the binding of Isaac to the altar is analogous to the Crucifixion. They are, in his opinion, the manifestations of a repressed basic initiation rite. Reik sums up: 'The prehistoric culture of the Jews was built on the superstructure of primitive initiation'. This work is open to criticism by the psychoanalyst at four crucial points.

1. Any phase or rite of a religion is the manifestation of several instinctual and ego-developmental stages. Even Reik's oversimplified interpretation indicates the presence of several libidinal phases in the story as well as the condensation of hetero- and homosexual object relationships on various developmental levels. Such an assumption as Reik's that a whole religion hinges on a certain

phase of the œdipal development is contradicted by Freud and his followers' research in mythology, and by clinical work which demonstrates that the simplest character trait is the result of complicated dynamic structures.

2. Reik's whole presentation disregards the 'initiation' of the structural hypothesis by Freud in 1923. Missing from the book are the development of the superego, its oral-sadistic and bisexual aspects in Abraham, the feminine and masculine identifications in Isaac. They are clearly present in the story, as are the trauma of birth, separation anxiety, and other forms of castration anxiety, which are not interpreted by Reik in terms of up-to-date ego psychology.

3. The limitation of the analytic approach inevitably leads to the subsequent narrowness of the cultural analysis. Reik does not mention that the figures of Abraham and Sarah give ample evidence of the bloodthirsty, bisexual killer-demon, prowling in the desert, though he refers to the analogy of Sarah with Zipporah, the wife of Moses, who castrated his son to please the demon-god. It seems clear that extremely important aspects of the prehistoric Jewish religion go back far beyond initiation at puberty.

4. Finally, Reik, quoting Frazer and also in agreement with Robertson Smith, asserts that 'ritual may be the parent of the myth, but can never be its child'. Does he imply that the psychology of cultural and religious development runs diametrically opposite to that of individual development? Or does he believe that the rituals of obsessional patients are the cause of their unconscious conflicts?

ANDREW PETO (NEW YORK)

# ABSTRACTS

**Journal of the American Psychoanalytic Association.** X, 1962.

**On Enthusiasm.** Ralph R. Greenson. Pp. 3-21.

This is another excellent paper in Greenson's series on the metapsychology of moods. The author differentiates enthusiasm from other types of elation. Enthusiasm is defined as a passionate and idealized state of mind in which the wish to share with others is compelling. It is a temporary state dependent on the approval of others for heightened self-esteem. There is a reduction in reality testing and superego functioning. Pleasure comes from the sense of fusion with the object and from a denial of painful reality; the greater the denial, the more the enthusiasm is a pathological defense. Union with the idealized object does away with the tension between ego and superego, allowing for discharge of large amounts of id energy, mainly libidinal; this energy is unneutralized but may serve sublimation. The genetic model for enthusiasm is the nursing child who anticipates both satiation and deprivation: the memory of hunger makes the child nurse enthusiastically and with a feeling of security as long as the mother is involved pleasurably in the complementary relationship.

**The Differentiation Between Concrete and Metaphorical Thinking in the Recovering Schizophrenic Patient.** Harold F. Searles. Pp. 22-49.

Authorities agree that in schizophrenic thinking disorders there exists a lack of differentiation between the concept of the concrete object and the symbol. This paper specifically deals with the lack of discrimination between the concrete and the metaphoric, leading to a failure to think in a realistic way.

Two cases are discussed as examples of such thinking. With therapy, improvement occurred when thinking lost its undifferentiated quality. The cases illustrate the author's thesis that in order for this differentiation to occur the patient must develop firm ego boundaries. This happens as the need for defense manifested by the regressed state lessens concomitantly with the ego's ability to tolerate repressed impulses. Need for intimacy and empathy in the treatment is stressed.

**Disturbance of Ego Functions of Speech and Abstract Thinking.** Sylvan Keiser. Pp. 50-73.

Impairment in the ego function of speech and in verbal expression of abstract thought in patients with otherwise high intellectual endowment is observed in a wide category of mental disorders. These run the gamut from word inhibition to inability to think abstractly. Analyses of three male patients revealed such impairments to be both a defense and a gratification of regressive infantile wishes belonging to the undifferentiated stage of libido development when a sense of fusion with the mother is paramount. The mothers of these patients were either psychotic or borderline cases who seductively exhibited their nakedness to their sons; denial of the mother's castrated state became essential and the son chose the defense of fusion with her. Failure properly to

separate from and identify with the mother impaired the development of the ego functions of speech and thought. The reason for the choice of defense mechanism is not explained.

**Ego Differentiation and Schizophrenic Symptom Formation in Identical Twins.** Theodore Lidz; Sarah Schafer; Stephen Fleck; Alice Cornelison; Dorothy Terry. Pp. 74-90.

The authors discuss the special problem of ego development which confronts identical twins. The study is based on the analytically oriented therapy of disturbed male twins, one of whom became psychotic. Both parents and an older brother were intensively interviewed and given projective tests.

Identical twins seem disposed to develop symbiotically without adequate ego boundaries between them. To mature they must differentiate from each other as well as from the mother. Problems of narcissism become complicated by the development of a primary object choice (the twin) who is also a mirror image; the narcissistic object choice increases homosexual trends. There is a tendency to divide roles, one twin becoming dominant and the other passive. The rivalry for the mother's affection creates intense ambivalence. As differentiation from the symbiotic state is difficult, ego development is hindered and loss of a sense of reality and psychosis may result.

**Some Features of the Dream Function of a Severely Disturbed Young Child.** Erna Furman. Pp. 258-270.

The author describes the case of a young boy, in treatment during his œdipal and prelatency periods, who suffered from a severe unresolved symbiotic relationship to his mother which was stimulated by the mother's intense attachment and attentiveness to the child. The boy's œdipal needs were poorly handled by his weak ego, resulting in aggressive acting out. Three aspects of the relationship between the boy's ego and his dreams were noted. 1. During treatment when the ego became strong enough to give up pathological behavior patterns that served defensive purposes, the underlying conflict appeared in intense dream activity. 2. As reality seemed to become less threatening the ego, while protected by sleep, allowed certain wishes freer expression in the dream than in waking life. 3. When the instinctual content of the dreams became too threatening, the waking ego disavowed the dream and even the whole process of dreaming. This defense by extrusion appeared to derive from earlier measures taken against the dangers of too close attachment to the mother.

**The Role of the Dream in the Analysis of a Latency Child.** Marjorie Harley. Pp. 271-288.

The latency child in treatment exhibits varying attitudes toward the relating and discussion of dreams. Latency is the time for the renunciation of direct instinctual and fantasy gratification by a maturing ego oriented toward reality. For some latency children fear of dreams may stem from fear of the unconscious and of primary process. Those children who control these upsurges most effectively bring in fewer dreams and discuss them more superficially. In children who cannot adequately master their instinctual drives, the dream may serve

constructive ends and allow the waking ego a more objective view of the unconscious conflict. Excerpts from the analysis of an eight-year-old girl illustrate the author's points.

**Dreams and Masturbation in an Adolescent Boy.** Isidor Bernstein. Pp. 289-302.

As sexual activity increases in adolescence, many boys have more open sexual dreams with concomitant frequency of nocturnal emission, orgastic sensations, and anxiety with fairly obvious sexual content. Instability of the ego, mobility of cathexis, shifting identifications, and regressive tendencies may find representation in a range from frankly incestuous dreams to highly elaborated and disguised productions. The necessity to resolve the problem of bisexuality and the rekindling of the œdipal conflict provoke great anxiety and defense. The increased maturity of the ego leads to more extensive defenses and secondary elaboration than are found in the dreams of the œdipal period. Adolescent dreams are also more accessible to interpretation than are the dreams of the latency period, and although adolescents do not associate as freely as adults, considerable material can be elicited, particularly regarding the day residue. Dream material obtained during the analysis of a fourteen-and-a-half-year-old boy illustrates the use of dreams in facilitating the discussion of problems involving masturbation and related matters.

**Some Remarks on Anxiety Dreams in Latency and Adolescence.** Nathan N. Root. Pp. 303-322.

Severe anxiety dreams in a certain type of child in latency and adolescence are described in six cases, of whom those in latency were less able to bring their dreams into the analysis. The parents of these children acted out sexual and aggressive impulses in a guilt-ridden fashion which caused overstimulation, poor ego control, and anxiety in the children. An ego-id alliance seduced the ego-superego forces into using superego demands and ego functions for partial gratification of sadomasochistic sexual drives at all levels of libido development. Because anxiety leads to some gratification, it may take on the nature of an addiction. In this group of children anxiety also served to inhibit a feared full discharge of the impulses for which they hungered but which was fantasied as total destruction of the self.

**Technical Aspects of the Analysis of a Child With a Severe Behavior Disorder.** Selma Fraiberg. Pp. 338-367.

From the beginning of child analysis it has been considered that the child who acted out his inner conflicts with ensuing satisfaction was not analyzable and that the conflict had to be internalized before classical analytic methods could be employed. The author suggests that in the intervening years we have come to regard the acting out as a substitute for the symptom and we now tend to interpret where once we intervened or prohibited. The differences between child and adult analyses have begun to fade. Analysis of acting out as a defense against phobic anxiety may bring about the desired coöperation of the child. The readiness of the child to use projective mechanisms in the transference can be used in the in-

terpretation of the transference neurosis. Only through analysis—and not through prohibition—can we obtain insight and help the child to master his feared impulses and neurotic anxieties.

The successful treatment through child analysis of a four-year-old boy who was a severe behavior problem is described; after five years, follow-up study revealed that this boy had maintained a normal adaptation. In this case the great danger against which the boy's ego defended itself was loss of identity. By identifying with the aggressor through his misbehavior and by mechanisms of isolation, he overcame his passivity and phobic anxiety. The analysis took the boy through the various classical levels of libido development.

**Blushing, Fear of Blushing, and Shame.** Sandor S. Feldman. Pp. 368-385.

In his first paper on blushing and shame (1922), the author considered them as the consequences of repression of sexual excitation with displacement to the face of the turgidity engendered in lower erogenous zones. In his second paper (1941), he examined these two phenomena from the point of view of the ego's relation to and dependence on the threatening superego. The present paper emphasizes the utilization of blushing to satisfy the need for attention. When the specific need thus exhibited fails to meet the approval of the ego ideal, shame results.

JOSEPH BIERNOFF

**Bulletin of the Menninger Clinic.** XXVI, 1962.

**Self-Destructiveness and Self-Preservation.** Erwin Stengel. Pp. 7-17.

Recent statistical investigations show that nonfatal suicide attempts outnumber fatal ones seven or eight times. However, there is a higher percentage of fatalities among those people who have made a previous attempt. In addition to the usual wishes expressed in suicide, the author emphasizes the 'appeal for help', and suggests that the ambiguity of most suicidal acts is expressed as, 'I want to kill myself and should like to kill others with myself; I want to be dead, but if I should not die do something about me'. He points out that in most societies there is a powerful reaction to help someone who has made a suicide attempt and that when this does not happen, it indicates a highly abnormal situation. He suggests that even though the universality of this plea is not yet proven, it appears reasonable that 'a predictable effect of an action, even if it is only an alternative effect, is likely to play a part in its motivation'.

**The Subject's Approach: Important Factor in Experimental Isolation?** Edwin Z. Levy. Pp. 30-42.

The author reviews the instructions given to the subjects of a variety of sensory deprivation experiments (Hebb, Lilly, etc.). As a result of his work with Ruff and Thaler at the Aero-Space Medical Laboratories from 1957 to 1959, he reports that their findings were at variance with other workers in that they obtained few such striking regressive responses as hallucinations, disorganized thinking, or severe anxiety. He suggests that the differences are accounted for by the nature of instructions given to the subject, how much the subjects know

about it, the attitude toward the experiment, and whether or not motility is restricted.

**The Place of Psychoanalysis in Psychiatric Training.** Maxwell Gitelson. Pp. 57-72.

The widespread incorporation of psychoanalytic propositions into the field of dynamic psychiatry has given rise to two divergent attitudes: those who complain that psychoanalysis is not a science and would attempt to correct this error by absorbing psychoanalysis into the academic settings of psychiatry; and the analysts who fear dilutions, distortions, or changes of psychoanalytic techniques to such an extent that 'today it is impossible to obtain a broad consensus on a definition of psychoanalytic treatment'. Gitelson believes all residents should have thorough training in psychoanalytic theory and psychopathology, but with the clear implication that this not lead to the teaching of 'psychoanalysis in an impossible capsule form'. In essence, then, this is a plea to recognize the separateness of psychoanalytic psychotherapy from psychoanalysis as such. Many analysts will concur with this ambition while noting the difficulties in making valid distinctions.

**Situational Variables in the Assessment of Psychotherapeutic Results.** Harold M. Voth; Herbert C. Modlin; and Marjorie H. Orth. Pp. 73-81.

This is the third report on the Psychotherapy Research Project at the Menninger Foundation. Environmental factors contributing to the patient's total 'life space' are divided into six categories of data to help evaluate the degree and quality of internal change in the patient. The categories are: 1, 'conflict triggers', the environmental factors which activate and resonate with the nuclear conflicts; 2, 'stress', any noxious external event 'which an average adult in our culture would classify as stressful'; 3, 'supporting' factors tending to maintain ego integrity (e.g., concerned mother, loyal spouse, etc.); 4, 'opportunities for growth' which might be realistically possible in the particular environment; 5, 'need-congruence', the presence of situations which 'resonate favorably or unfavorably with individual values, interests, and characterological styles'; 6, the possibilities for change ('mutability') in the patient's environment.

Two cases demonstrate the use and pertinence of this kind of data. A woman who was free of symptoms and living with satisfaction and happiness at the time of follow-up two years after the termination of treatment, changed not as a result of internal resolution of the presumed nuclear conflicts but rather through some radical changes in her life situation, including divorce and marriage to an entirely different type of man. In the second case what appeared to be a successful resolution of the nuclear conflicts turned out in the follow-up to be the patient's realization that he had to 'establish a new way of life which would be less conflict-triggering and more supportive'. If all the forty-two cases in this series are studied with the thoroughness hinted at in this report, the final publication should be useful to all analysts and psychiatrists.

HARTVIG DAHL

**Psychoanalysis and the Psychoanalytic Review.** XLIX, 1962.

**The Emergence of Projection in a Series of Dreams.** Donald M. Kaplan. Pp. 37-52.

The author illustrates by means of the analysis of the manifest content of a series of dreams in a borderline patient his hypothesis that in such a patient the mechanism of denial or nonperception is changed to projection or misperception. He points to this as a higher level of integration in these patients and warns that the therapist should not interfere with this development. The countertransference feelings aroused in the therapist by a patient suffering from a narcissistic disorder are usually those of separation anxiety, since the transference is almost exclusively at a precœdipal, mother-child level. These patients frequently leave treatment at the time when the dreams indicate the emergence of homosexual feelings and feelings of being attacked homosexually, but if handled properly they may return for further treatment.

**Differential Recall of the Dream as a Function of Audience Perception.** Charles Winick and Herbert Holt. Pp. 53-62.

Only a small portion of dreams are recollected by the dreamer and the authors feel that the selectivity of the recollection may depend on the potential audience for the dream. They describe the different versions of the same dream as told to different people and the function of each version. They point out that psychological research on dreams may be dependent on the way in which the experimenter is perceived by the dreamer, and also that a dream cannot be regarded as a datum or a given but must be considered as an element in the dreamer's perception of and communication with the auditor.

**The Ontogenesis of Prophetic Behavior.** Sheldon Cohen. Pp. 100-122.

By a study of the Old Testament prophets, the author compares the type of thinking which goes into creative conscience formation with psychopathological cognitive processes. Strong personal anxiety and guilt, hallucinations, delusions, thinking in primitive modes, overconcern with oral themes of devouring and being devoured, and psychopathological anal and anal-oral associations, obsessive thinking, compulsive undoing behavior, and distorted sense of space and time are all found in the writings of the Old Testament prophets. Quotations amply illustrate these points. Cohen feels that 'the death decision'—the willingness to die in body in order to actualize one's nature, e.g., ethical convictions—is central to the understanding of the evolution of autonomous conscience.

The paradox of the prophet is that he shows all the evidence of psychopathological thinking but seemingly transcends this in his own lack of concern with social and physical rewards and punishments and is completely 'other-centered'. Rather than masochism, the 'death-decision' in the prophet is a result of continual self-analysis. The ego ideal, formed as it is from social learning, is not the crux of the prophet's creative conscience, nor is its formation entirely a secondary process phenomenon.

**On The Bullfight.** Kothari Ujamlalc. Pp. 123-127.

The author views the bullfight as a projection or personification of the inner conflict between the id, and the ego and superego, rather than as the more usual interpretation—the killing of the father by a son. He rejects the consideration of the bullfight as an œdipal drama. The overdetermination of the symbolism of the bullfight is not considered. The author advances a few literary arguments to prove his thesis.

RENEE L. GELMAN

**American Journal of Orthopsychiatry. XXXII, 1962.**

**Depression in Children and Adolescents.** James M. Toolan. Pp. 404-415.

The clinical picture of depression in adults, namely retardation in mental and physical activity, insomnia, feelings of depression, apathy, worthlessness, and nihilism as well as suicidal preoccupations, are seldom seen in children and adolescents. It is the author's thesis that depression, a most important problem in childhood and in adolescence, is masked by varying symptoms depending on the developmental level of the child. Depression in infants is often evidenced by eating and sleeping disturbances, colic, crying, and head-banging. At a later age, withdrawal, apathy, and regression are evident. An older child presents behavioral problems such as temper tantrums, disobedience, truancy, running away from home, accident-proneness, masochism, and self-destructive behavior as an equivalent of depressive feelings. Difficulty in concentration is a frequent complaint of depressed children. In adolescents, acting out and denial as the chief methods of handling problems frequently will mask a severe depression. Delinquents especially often reveal a severe underlying depression. Sexual acting out, such as using animals as love objects, may be a method of relieving depressive feelings. Dreams and fantasies of being unloved and unwanted are frequently encountered in depressive withdrawal. Suicide is a danger, especially in adolescents. Often the suicidal attempts are manipulative in nature, directed against the parents, and express the fantasy: 'You will be sorry when I'm dead'. They also express a desire for peace and a nirvanalike existence, a desire to join a dead parent, or a reaction to a hallucinatory command.

Toolan points out that the common denominator in all depressive reactions is the loss of the desired love object, whether in fact or in fantasy. In very young children, the consequences are serious because the development of the ego and its various functions is affected, since object relations cannot be formed and identification will be impaired. When the disturbance arises during the latency and adolescent period, it leads the child to hate the lost object who he feels has betrayed and deserted him. Repression and denial are utilized to ward off the knowledge of the parent's role in his difficulty; he assumes the burden of evil to absolve the parent. This in turn leads to evil acts which re-enforce the image of himself as a horrible person. As reality testing improves, there is increasing difficulty in maintaining a belief in the parent's innocence; the hostility increases as does the guilt. Because of the formation of the superego, much of the hostility is directed against the introject, leading to the clinical picture of depression seen in older adolescents and adults.

**Aggressive Behavior as a Means of Avoiding Depression.** Henry L. Burks and Saul I. Harrison. Pp. 416-422.

An investigation of the dynamics of impulsive antisocial, aggressive behavior in children reveals that frequently this is a means of avoiding feelings of depression. The authors use the word 'depression' to designate what they see as a sense of helplessness or impotence of the ego, accompanied by feelings of hopelessness and worthlessness. They note that aggressive behavior is stimulated by a recognition of depressed feelings, on occasions when a child's adequacy or fancied omnipotence is directly threatened by the realities of a situation, where the possibility of receiving positive feelings from an adult strikes a chord within the child which reminds him of longings in the past and similar situations which may not have worked. Also, the child is drawn to remember experiences from his past that reenforce feelings of worthlessness.

**Special Training Problems and Psychotherapeutic Work with Psychotic and Borderline Children.** Rudolf Ekstein. Pp. 569-583.

In this paper Ekstein discusses the specific countertransferences encountered in therapists working with severely disturbed or psychotic children, and the reflection of these countertransference attitudes in the supervisory situation. He suggests that child psychotherapists usually overidentify with their parents, which makes the therapists natural enemies of the parents. This, however, may not be inherent in the child psychotherapist but, rather, stem from the special technical task. The necessity for active work with the parents—different from the work one does in adult psychotherapy—presents special problems for the child psychotherapist. He deals with the infantile neurosis not as a repetition of the past but as a present reality. He may think of help for the child as a rescue mission, and of himself as a miracle worker. The psychotic child, unlike the mildly disturbed child, has not achieved the capacity for object relationship; there exists a symbiotic or fusion state which is reflected in the autistic position. The psychotic transference configuration, in which mother and therapist are not truly separated in the child's mind, increases the countertransference potential.

Ekstein believes that countertransference, if understood and dealt with, can be taken as a cue and can help us to understand the patient. The child's regressive behavior provokes the therapist's regression to a very early stage in his relationship with his own parents; his special parent-hating syndrome frequently will be reflected in the use he makes of his teachers, administrators, the clinic, or the hospital. Further, the supervisor or administrator in the field of child psychotherapy sometimes brings his own special problems to the treatment situation, problems not unlike those of the parent of the sick child. The powerful countertransference reactions provoked by the psychotic child are expressed in impossible demands on the supervisor for emergency help, for advice, for his playing a reality part in dealing with parents or the institution, or sometimes in reactions of anger and hate. Tolerance on the part of the supervisor and of the child psychotherapist for each other's difficulties and special problems in this field is indicated.

**Some Specific Areas of Conflict Observed in Pregnancy: A Comparative Study of Married and Unmarried Pregnant Women.** John G. Loesch and Nahman H. Greenberg. Pp. 624-636.

Two groups of primigravidas, twenty-two wives of graduate students and thirty-one unmarried pregnant women, were interviewed as part of a long-term investigation of psychophysiologic processes in infancy. The group of unwed mothers revealed striking regularity in the evidence of significant alteration in their lives just prior to conception—object loss such as death of the parents or some other significant relative or male friend, separation from parents, or threatened loss of a valued job. A conscious wish for pregnancy was observed in one-third of these women. The major conscious problems were focused upon giving up or keeping the infant; feelings about separation anticipated with delivery; and active fantasies and wishes to re-establish a relationship with the child's father. There were only rare verbalizations of concern about the infant per se. Depressive reactions, and what appeared at times to be almost typical mourning, were frequently observed after the delivery. The pregnancy left this group relatively unchanged psychically.

The married women, wives of dental and medical students, were all separated from their families and burdened with a combination of working and being housewives during the pregnancy. The predominant themes were concern over bodily changes and the fear of mutilation or death during delivery, concern over whether or not the infant would be normal, and a marked change in attitudes toward their husbands. Dependency needs increased markedly. Verbalized fantasies were concerned with what the baby would be like and how they themselves would function as mothers. One significant finding was the loosening of defenses in the married group of mothers who were, for the most part, without overt psychopathology prior to pregnancy. This relaxation of defenses, or the pushing forward of usually well-defended conflicts, may be characteristic of normal pregnancy, and the resultant conflicts and distress may stem from this process.

The authors comment that it is evident that pregnancy per se is not developmental nor even necessarily a developmental crisis in itself. For the unwed mothers pregnancy was a period of disturbance with little evidence of psychological change. The pregnancy state, while having certain idiosyncratic features, can only be understood in a larger framework, as a preparation leading to the critical period of the early motherhood experience.

RENEE L. GELMAN

Psychiatry. XXV, 1962.

**On the Nature and Sources of the Psychiatrist's Experience with the Family of the Schizophrenic.** Leslie Schaffer; Lyman C. Wynne; Juliana Day; Irving M. Ryckoff; and Alexander Halperin. Pp. 32-45.

Group therapy conducted by two psychotherapists with the schizophrenic patient and his parents regularly revealed severe disturbances of communication among the family. This seems to have some bearing on the schizophrenic's thought disorder. Exchanges within these families have three characteristics, all

of which are repeated in the family's dealings with the therapists: the extravagance of manifest contradiction, the quietly savage destruction of meaning and intent, and the routine elimination of a broad spectrum of emotional experience. The therapists were frequently confronted with a *folie à famille* characterized by massive denial even though only one member of the family had overt symptoms. Some major countertransference problems in such a setting are discussed. Documentation is provided by several unusually instructive abstracts from group sessions.

**Aspects of Obsessive Compulsive Style.** David Shapiro. Pp. 46-59.

Based on psychological testing and psychotherapeutic experience, the author discusses four aspects of obsessive compulsive functioning in detail: rigidity, compulsive activity, the sense of 'should', and the loss of reality. This last refers to the way in which the compulsive often behaves as though he is deluded. Actually the ego is constricted; its attention is focused on peripheral 'technical' details of experience and a loss of the feeling of conviction.

**The Familial Genesis of Psychoses.** William McCord; Judith Porta; and Joan McCord. Pp. 60-71.

Unlike most investigations which retrospectively assess the role of the family in the development of psychosis, the data of this study were gathered during the childhoods of subjects who later became psychotic. (Of course the staff did not know that the material would be used later for a study of the psychoses.) The family environments of the prepsychotics differed radically from the milieu of the nonpsychotic controls. 'The combination of a smothering mother with either a passive father or an absent father would seem to be especially conducive to psychosis in the son.' This is termed the 'silver cord syndrome'. These mothers were commanding figures who overawed and controlled both sons and husbands. The domination of the son was accomplished under a cloak of solicitous love. The son's symbiotic dependence on mother was enjoined and other object relations restricted. The silver cord syndrome was not prominent in the backgrounds of the criminals and alcoholics studied. The precriminal background tended to be characterized by a rejecting, neglecting mother and an aggressive father. The alcoholics appear to have been reared by alternating rather than smothering mothers.

**A Study of Techniques of Psychotherapy with Youthful Offenders.** Herman P. Gladstone. Pp. 147-159.

Over a five-year period the author treated eleven delinquents who were referred by the court; their not keeping appointments was considered a violation of parole. With the early patients in the series the therapist used his traditional psychoanalytically oriented techniques which proved to be ineffective in establishing any therapeutic relationship or in counteracting antisocial behavior. Technique later was modified; a therapeutic activity designed to establish a new and challenging ego-enriching object relationship was used. Favorable response tended to become the rule as shown by developments in therapy and a follow-up study.

**The Analyst's Participation in the Treatment of an Adolescent.** Earle Silber. Pp. 160-169.

This paper constitutes an appropriate sequel and complement to the foregoing. The report of the treatment of a seriously disturbed eighteen-year-old student illustrates certain kinds of active participation by the analyst in addition to interpretation and working through of transference and resistance. The analyst's spontaneous attitude and value-revealing reactions to the patient's verbal and nonverbal communications facilitated the patient's associations. Active reality testing and support of the patient's healthy strivings were the core elements in the modification of psychoanalytic technique. The adolescent requires a dependable, challenging object relationship with the analyst because of his impaired object relations and identity problems.

**The Interpersonal Relationship in Hypnosis.** Rudolph Dreikur. Pp. 219-226.

The author critically examines the rationales for the use of hypnosis in psychotherapy and other fields of medicine. He finds these to be weak rationalizations for a fundamentally destructive procedure because it deprives the patient of autonomy. He is opposed to hypnosis on scientific as well as ideological grounds, that is, from the standpoint of democracy as opposed to authoritarianism.

H. ROBERT BLANK

**Archives of General Psychiatry. VI, 1962.**

**Falsification of Bodily Needs and Body Concept in Schizophrenia.** Hilde Bruch. Pp. 18-24.

Bruch, discussing the interaction between the infant and mother necessary for the infant's normal emotional development, calls attention to the prerequisite need of the infant to identify correctly sensations indicating biological urges. Only then can the child begin to differentiate himself from external objects. This leads to the development of body concept, self-awareness, and self-effectiveness. If the infant fails in this task in a major way, the author feels that all stimuli coming from within the infant, whether they be bodily sensations, thoughts, or feelings, are experienced as originating in the external world. This causes a predisposition to schizophrenia.

An interesting side comment is the explanation of the poor development of Harlow's monkeys; reared by synthetic terry cloth mother surrogates, they were deprived of the responses of live animal mothers who initiate behavior in their young. Thus, the infant monkey was also deprived of the type of learning essential for the organization of adaptive behavior.

**Transference Dynamics of Group Psychotherapy.** Mark P. Farrell, Jr. Pp. 66-76.

The author believes that in group psychotherapy the *sine qua non* of a helpful therapeutic experience is the understanding and resolution of the transferences. This must include the resolution of the transference between various group members, and between group members and the therapist. The vicissitudes of this group transference are discussed.

**Psychotherapy of Schizophrenia.** Silvano Arieti. Pp. 112-122.

The author presents a brief historical review of the theoretical methods and approaches to schizophrenia. He then briefly offers his own orientation: this precedes interpretations of psychodynamic content, and concerns itself with establishing relatedness and the interpretation of mechanisms and forms of delusions.

**Choice of Illness.** Harold V. Voth. Pp. 149-156.

A complicated theoretical psychoanalytic principle of personality organization is proposed to link together defenses, some aspects of character, and psychiatric syndromes. On the basis of reality testing, the author separates patients into two broad groups: 'ego-close' and 'ego-distant'. These groups are described as having different defenses, character, and symptomatology. A simple laboratory test that claims to measure this is described.

KENNETH RUBIN

**British Journal of Medical Psychology.** XXXV, 1962.

**Divergent Tendencies in Psychotherapy.** James Glover. Pp. 3-13.
**The Concept of Dissociation.** Bernard Hart. Pp. 15-29.
**The Reliability of Infantile Memories.** J. A. Hadfield. Pp. 31-46.
**The Psychology of the Psychotherapist.** Edward Glover. Pp. 47-57.
**Some Difficulties in Analytical Theory and Practice.** T. A. Ross. Pp. 59-71.
**The Conception of Nervous Disorder.** Millais Culpin. Pp. 73-80.
**The Myth of Progress.** M. D. Eder. Pp. 81-89.

The first seven Presidential Addresses to the Medical Section of the British Psychological Society, given from 1925 to 1932, are reprinted. Younger analysts in particular may find it interesting to read of the difficulties in integrating the findings of psychoanalysis into older frames of reference.

James Glover emphasized the necessary distinctions between exploitation of the transference and its use as a means of reconstruction of the infantile neurosis. The dangers of manipulative therapeutic techniques were illustrated.

An attempt was made by Bernard Hart to compare the concept of dissociation formulated on phenomenological grounds by Janet with the dynamic view made possible by the structural hypotheses Freud had so recently developed. Special difficulty was encountered in understanding splits in the ego in structural terms. Discussions of the paper by Ernest Jones, T. W. Mitchell, and Edward Glover provided clues to the yet undeveloped concepts of ego psychology.

Hadfield apparently anticipated the idea of screen memories in a paper largely devoted to the presentation of evidence designed to suggest the reliability of infantile memories.

Edward Glover stressed heavily the pitfalls of unconscious factors in the therapist, with remarks on the countertransference in negative therapeutic reactions. He demolished the arguments for an eclectic approach to therapy, holding these to be reflections of some subjective impasse in the therapist's theoretical orientation and conviction.

In contrast to the enthusiasm for psychoanalysis, Ross politely retreated to a Wesleyan morality, and while admitting the existence of most of the basic tenets of psychoanalysis, suggested that they might be less than universal or operative in terms of the unconscious in later life.

Perhaps to temper the conflict, Culpin in 1930 contented himself with a historical review of attitudes toward mental illness, avoiding any commitment to the question of the validity of psychoanalytic theory. Finally, the 1932 address by Eder who sensed an approaching war warned that the myth of human progress will not absolve us from the necessity of becoming cognizant of our aggressive instincts and of using the insights of psychoanalysis toward approaching effective social control.

**Psychology and Psychoanalysis.** Joseph Sandler. Pp. 91-100.

The infant creates a constantly changing self-representation based on all his sensory experience. The self-representation encompasses such overlapping phenomena as identification, introjection, incorporation, and internalization. Based on research work done at the Hampstead Child Therapy Clinic, the author attempts to portray some differentiations of these earliest stages in the organization of the psychic apparatus, which to this reviewer still remain somewhat indistinct.

**Reproach: the Art of Shamesmanship.** Alan F. Leveton. Pp. 101-111.

Reproach, though mutually painful, is an intensely experienced, and often tenaciously retained, form of interaction. Its intensity stems from mutually shared expectations in primitively organized object relationships. It may serve useful educative functions for the child, and may be the basis of severely pathological relationships in families, especially of schizophrenics.

The reproached individual, sensing the power of the reproacher's unfulfilled expectations and also fearing the threat of abandonment, is held in the relationship. Criticism is indirect and hostility denied by projection.

In depression self-reproach is against the internalized object and guarantees the maintenance of an archaic form of object relationship. Hostility toward the object may be expressed in suicidal threats; if these are directed to an external object, counterthreats often ensue. In therapeutic situations these may take some form of symbolic murder.

Therapeutic implications dictate careful interpretation of the hidden ploys used by the reproacher and that of guarding against hidden and hostile countertransferences. Failure to analyze the patient's reproach, implicit in the universal exaggerated expectations from the therapist, often leads to failure of therapy.

IVAN HEISLER

**Akadimaiki Iatriki.** CCLVII, 1961.

**The Myth of Œdipus.** D. Kourétas. January issue.

Kourétas, considered the dean of psychoanalysts in Greece, has a special interest in Greek mythology and culture. In this paper, he examines the myth of

Œdipus as originally mentioned by Homer in The Odyssey (XI, 271-280), and then modified by Sophocles and interpreted by Freud.

Homer described only the patricide and the incest of Œdipus; Sophocles went further, telling us about the Sphinx, the self-blinding, the exile, and the burial of the hero at Colonus (where Sophocles was born). Kourétas believes this fact leads to the hypothesis that the tragedy of Œdipus contains additional data which can be understood as expressions of the poet himself—that Sophocles gave us a revelation of his own unconscious which is projected onto the person of Œdipus and that the Œdipus tragedy is a self-confession of Sophocles. This is indicated in the words of Jocasta to Œdipus (Œdipus Rex, lines 979-983) which contain all the essentials of the freudian œdipus complex. Sophocles, following the traditional role of the dramatist, transferred the original myth into something that would be entertaining to his audience. Kourétas believes that a component of Sophocles' success lies in the communal chord which was struck by the universal conflict. At the same time, the play served as a vehicle of catharsis, confession, and expiation for the dramatist. Kourétas doubts that Sophocles was 'aware' of the psychological or 'scientific' meaning of his production.

Awareness of this came with the genius of Freud, who is credited with truly solving the riddle of the Sphinx. Freud's discoveries were basically derived from an early profound curiosity about his own origins. Further self-analysis and research on neurotic patients brought confirmatory evidence.

This paper, presented before a Greek professional audience, is like a 'return of the repressed'. Since, ironically, Greek psychiatric thought of today is based mainly on the organic-nosological tradition, Kourétas attempts to return something to the Greeks more valuable than the 'Elgin marbles', namely the great intuitive insights present in their ancient poetry.

EVANGELOS PAPATHOMOPOULOS and ROBERT SEIDENBERG

**Revista Psiquiatrica Peruana. IV, 1961.**

**Psychodynamic Concepts of Depression.** Alberto Seguin. Pp. 37-41.

The main characteristics of depression are discussed. Whether age, economic factors, or other elements play a role, the author stresses the deep oral regression occurring in a depressed condition, regardless of its endogenous or reactive type. No clinical material is given as he deals primarily with the theoretical psychoanalytic concepts involved in the syndrome of depression.

**Psychological and Cultural Considerations of Psychosomatic Syndromes When There is Failure of Adaptation.** Sergio Zapata. Pp. 65-72.

Life becomes painful whenever two cultures, two generations, or two religions clash. This paper centers mainly on the psychosomatic and personality changes appearing in men who had lived at five or six thousand meters above sea level, but the author also notes the amenorrhea that was present in women in concentration camps which he considers a manifestation of the tremendous emotional impact of impending death. According to Zapata, the syndromes that occur depend on the individual's ability to handle his own magic beliefs and primitive way of thinking, as well as masochistic elements involved in the forced

change which the ego has to accept. In strict, demanding superego personalities, the changes seem to be more marked. Frequently the author has found underlying the syndrome all the elements of anaclitic depression as equivalent to the symptoms of a conversion hysteria, vegetative changes, and even depression. The regression to the oral narcissistic level is the predominant mechanism.

**Ulcerative Colitis and Feminine Homosexuality.** Gabriel de la Vega. Pp. 136-146.

A clinical case is presented in which ulcerative colitis appeared as an acting out of a homosexual fantasy. The patient had a defective and sadistic superego, the ego adopting a masochistic position in order to accept the double aspect of the impaired superego. This patient had the need to 'control' the mother or mother surrogates through colonic activity. Ramifications of the unconscious fantasies were obtained primarily through the acting out in the transference as well as through the author's countertransference fantasies. There was a secondary gain in that the patient succeeded in splitting the partners in the œdipal situation.

GABRIEL DE LA VEGA

**Revista Archivos de Neurologia y Psiquiatria Cubana. II, 1961.**

**Convulsive and Ecstatic Crisis in Fanatics and Ignorant People.** Enrique C. Henriquez. Pp. 16-22.

The fanatic or ignorant patient consistently shows primary process thinking, that is, a prelogical type of thought, and is guided by so-called intuition and magic thinking. The convulsive and ecstatic crisis is compared to what occurs in primitive religions, such as voodoo, or to the blackout of the alcoholic. The crisis is considered a universal phenomenon since its manifestations are the same, whether produced by drugs, alcohol, or autosuggestion. There is a direct relationship between the crisis and a systematized group of ideas highly charged with magic and mystical passion. During the crisis the patient may not have a complete break with reality but there are alterations of sensitivity, and the crisis serves as a secondary gain. Such crises can be produced at will or by provocative stimuli, and the paroxysms can be stopped. They have been studied extensively in Haiti by Dorsainville, Maximilian, and Mora, all of whom have found as predisposing factors hyperemotionality, hyperactivity, and a tendency to be theatrical and exhibitionistic. This reviewer has found the same features in 'The Puerto Rican Syndrome', which shows a temporary overwhelming of the ego, at times with an underlying schizophrenic process.

GABRIEL DE LA VEGA

# NOTES

## MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

May 22, 1962. THE QUEST FOR THE FATHER. A STUDY OF THE DARWIN-BUTLER CONTROVERSY AS A CONTRIBUTION TO THE UNDERSTANDING OF THE CREATIVE PERSON. Phyllis Greenacre, M.D.

In the Twelfth Freud Anniversary Lecture, Dr. Greenacre used the material of the controversy between Charles Darwin and Samuel Butler to illustrate her thesis concerning the special nature and vicissitudes of the œdipus complex in gifted men. This controversy, an argument about the merits of Darwin's theories of evolution which were challenged by Butler, was due less to conflicting scientific views than to the special interaction of forces brought about by the changing personal relationship between the two men. This, in turn, was dependent largely on the interplay of the unconscious elements of their œdipal problems.

The lecture was divided into four parts: a statement of the thesis; a description of the controversy; a resumé of the biographical background of the two men; and finally, a rediscussion of Dr. Greenacre's theory in terms of the clinical material.

In the first part, the author restated what she considers to be the essential innate characteristics of gifted people, presented more fully in her earlier papers on creativity. Gifted individuals retain a communication with primary process thought and imagery, and are oriented toward collective objects of the outer world as well as toward the personal objects of the immediate family relationships, sometimes alternating emotional involvement between the two sets of interests. These conditions lead to a susceptibility to peculiarities of libidinal phase development and frequently to special complications of the solution of the œdipus complex. This tends toward the formation of a strong family romance, projected and lived out in later life in the repeated search for an ideal father, often materializing in a patron who will permit, protect, and accept the development of the expression of genius rather than diminishing or curtailing it in the interest of everyday reality. Godlike fathers, or God himself, may serve as the ultimate family romance father, as is sometimes seen in experiences of inspiration. In the fullest development of giftedness, it is necessary for the gifted person himself to accept the responsibility of his own creations.

In the controversy Butler, who at first admired Darwin's work partly because it seemed to liberate him from bondage to his ecclesiastical father and who turned to Darwin as to an ideal, became very hostile and passionately challenged Darwin's theories through a series of publications; these were essentially adaptations of Lamarck's earlier theories. The crux of the difference appeared to be Butler's difficulty in accepting Darwin's idea of natural selection and Darwin's need to establish an all-encompassing design in nature to take the place of the idea of divine direction. The personal elements of the controversy emerged when Butler charged Darwin with plagiarism—having used material from his grandfather, Erasmus Darwin, an ardent Lamarckian in his day, and from Butler himself. While there was a nucleus of truth in the charges—Darwin had been careless about editing a life of Erasmus Darwin and had allowed but not acknowl-

edged certain additions which were offensive to Butler—they were enormously exaggerated by Butler. The controversy was not cleared up nor were the facts published during the lifetimes of the opponents.

Darwin and Butler were a generation apart in age but with similar backgrounds. Both came from the same area in England; Butler's father and grandfather were clergymen, Darwin's father and grandfather were physicians. Both refused to follow in their fathers' well-marked footsteps and both came to appreciate their illustrious grandfathers only late in life. Both rebelled against their fathers and the Church of England, Darwin quite effectively through his work and Butler quite vociferously. Darwin's hostility toward his father and his father's God could never become clearly and admittedly conscious, but was expressed in his severe obsessional neurosis which broke out overtly when he undertook scientific studies in defiance of his father. Crippling as the neurosis was, it still did not make serious inroads into the content of his work through which his genius was established and expressed. Butler's defiance against father and God, on the other hand, was conscious but incomplete. In the end he found his way back to his own special brand of divinity in seeing a purpose and plan in nature. His extreme ambivalent attachment to his father cast shadows onto everything he wrote. The Way of All Flesh, which pilloried his own family and satirized smug Victorian life, was his greatest work but was published posthumously and attained recognition only after the end of the Victorian era.

Of the two men, Darwin, indubitably the greater genius, was the one who came close to accepting and freeing his work—but not himself—from the demands to find a father. The problems of his unconscious fear and hatred of his father fed his encumbering neurosis. Butler was dominated and guilt-ridden by his expressed but not assimilated love and hatred of his father, and throughout his life he attempted one solution or another for his drive to find or to be the ideal all-giving father. Many details are given of the interweaving struggles of these two men and their effect on each other—especially Darwin's effect on Butler.

AUTHOR'S ABSTRACT

September 25, 1962. CONCEPT OF ACTING OUT IN RELATION TO THE ADOLESCENT PROCESS. Peter Blos, Ph.D.

Dr. Blos first defined acting out in terms of its manifestations, its function, and predispositional factors. He suggested that acting out in adolescence is not determined mainly by predisposing factors but represents a phase specific mechanism.

Dr. Blos noted that the adolescent must accomplish a decathexis of the primary love objects. This occurs via a transient phase of intensified narcissism and autoerotism, which then leads to heterosexual object finding. The work of adolescence is to overcome the infantile past, and to bring it into harmony with the present and expected future.

Adolescent acting out is ubiquitous and often transient. It can best be understood as a preliminary step in remembering, and thus in the service of the synthetic function and progressive development.

Two clinical examples were presented which demonstrate this aspect of acting out. The first described the acting out of a patient in late adolescence who, in spite of previous good marks, failed at college and suddenly decided to become a laborer. The patient was an adopted child of highly intellectual and prominent parents. He had lived with a foster family of working people until the age of two. His decision to become a laborer and to live with a workman's family was an acting out of a relentless pull toward his infantile objects. Following this acting out, he was able to recall memories of his early life and his affection for his foster parents. He was then able to disengage himself from these early love objects. He returned to his adoptive family and, in line with their intellectual achievements, successfully completed his doctorate.

The second case concerned an early adolescent with delinquent behavior. The presenting symptoms were stealing, truancy, and lying. A family myth, elaborated by the mother, was that his father had died. The true facts were that his parents were divorced when he was three and a half. His father was sent to prison, where he became psychotic. The delinquent behavior was analyzed as an acting out which served via identification to keep the memory of his father alive and to deny in action the mother's distortion of the facts. The repressed memories were gradually reconstructed from the acting out. They were followed by remembering and experiencing the childhood affective states.

In the two cases presented, acting out was a mechanism by which present reality was linked to a traumatic past event. Dr. Blos suggested that the adolescent proclivity for action is determined by two factors. First, earlier drives and ego positions are regressively revived at puberty due to the quantitative increase of instinctual pressure during this period. Second, the delibidinization of infantile love objects and the increase in narcissism at adolescence results in a threatened impoverishment of the ego which is countered by a forceful turn to the outer world. External reality serves as a restitutive anchorage before stable object relations are re-established. The two presented cases of adolescent acting out in the service of ego synthesis had in common the loss of a significant object in early childhood which may be an etiological factor in similar cases.

DISCUSSION: Dr. Nathan Root felt that the acting out described in the two patients represented maladaptation and inappropriate actions which restricted and distorted rather than aided the progressive development. He felt that the acting out required analytic intervention in order to promote working through.

Dr. Leo Spiegel also doubted that repetitious acting out could serve ego synthesis. He felt that too often acting out is confused with a proclivity for action. The proclivity for action in adolescence is misunderstood when it is incorrectly evaluated in terms of adult standards.

Dr. Edith Jacobson agreed with Dr. Blos that an increase in narcissism was a determinant of the adolescent's propensity for acting out. It was her impression, however, that the narcissism of adolescence did not result in ego impoverishment, but rather created a vacillation between periods of ego impoverishment and ego enrichment. Dr. Jacobson stated that a concept which differentiated acting out in the service of the id from acting out in the service of the ego would be useful in determining the orientation of therapy. With the first

type the analyst could aid the patient's controls and reality testing before proceeding to reconstructive interpretations, whereas with the second, reconstructive interpretations would be more immediately indicated.

Dr. Blos, in response to the discussion, suggested that acting out and working through may have similar goals, but they differ sharply in their characteristic psychic economy. He reaffirmed the phase specific quality of the adolescent's proclivity to action and felt, as the discussants did, that acting out should not be conceptualized as a mechanism.

PHILIP WEISSMAN

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## MEETINGS OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

April 16, 1962. RECOMPENSES FOR LEARNING. Otto E. Sperling, M.D.

Learning of unpleasurable material without immediate reward is a difficult task for the ego, especially if it is aided only by precarious sublimations. In this paper only three kinds of learning are considered: learning in school, learning in psychoanalysis, and learning as a mechanism of war neurosis.

The ego can make the suffering more bearable by balancing it with some recompense. Beside the obvious recompenses, some subtler recompenses can be observed which are mostly of a sadistic or masochistic nature. The demand for proof, for instance, can be a disguise for sadistic tendencies. A typical sequence might run: effort (sacrifice, obedience)—suffering—self-pity—weakening of self-control—recompense—feeling of guilt—more effort. Recompense differs from the secondary gain in that it follows a socially acceptable effort of the ego while the secondary gain accompanies a symptom. The mother's tears, the father's despair, the community's expense for school buildings, and the teacher's efforts mobilize the student's feelings of guilt. Some students are willing to make the sacrifice of studying only if the teacher also is willing to make some sacrifice. On the other hand, it seems that knowledge is the more appreciated, the more difficult it is to acquire. Some students can acquire knowledge only if they add to the necessary suffering a further unnecessary sacrifice of sleep, social life, or regular meals, or if they arouse themselves from sleep in the early hours of the morning.

Parents can arouse anxiety in the child in order to facilitate the control of impulses. Freud showed that the ego can mobilize anxiety in order to facilitate self-control. The author postulates that not only can one person arouse a feeling of guilt in another, or seduce another to permit gratification of id derivatives, but that the ego can mobilize feelings of guilt or rewards by the superego on the one hand, and a breakthrough of id derivatives on the other, for the purpose of balance. In regard to the special case of acquiring knowledge which is neither interesting nor followed by a reward, the ego can mobilize a reward by the superego or by the id; the ego can, more particularly, balance the necessary suffering with unnecessary suffering inflicted by oneself or with the suffering of the teacher. This mechanism also plays a role in working through in psychoanalysis.

AUTHOR'S ABSTRACT

DISCUSSION: Dr. Edward Liss compared the role of the analyst with that of the educator, emphasizing their similarities yet recognizing a major difference in the analyst's concern with the unconscious. He outlined briefly the history of the development of learning theories in various cultures from early times to their culmination in the contributions of Freud and Dewey, and called attention to some little-recognized links between the fields of education and psychoanalysis. Dr. Liss stressed the need for greater interdisciplinary communication, citing, in particular, the American Psychiatric Association Panel Discussion on Memory, and the work of John Dollard. He presented excerpts from the autobiography of Chateaubriand which exemplify that a high degree of intellectual development need not necessarily bring happiness either to its possessor or to his environment, and he compared certain learning difficulties to delinquency, suggesting that when the learning institution becomes a threat, the fault may lie with the parent surrogate (teacher), with the sibling surrogate (student), or with the symbols which are being used. Hence the educator, in order to prevent neurotic interferences with learning, must respond to the student on many levels.

Dr. Gustav Bychowski made the additional suggestion that the ego of the learner, when filled with preconceived ideas or unconscious introjects, may behave as though it opposed being filled with new contents and must rid itself of these false introjects before new knowledge can be acquired. In discussing the concepts of recompense and balancing, he pointed out that, although the teacher may have sadistic inclinations in reality, he may also represent the torturer only by virtue of the student's neurotic distortions. The student, thus relegated to the submissive role, responds to the imagined coercion by refusal to learn. The analytic parallel occurs when the patient uses resistance to retaliate for the humiliation which he feels he has suffered at the hands of the analyst. Elements of moral masochism are added when the patient is unable to progress unless he first subjects himself or his analyst to suffering. A comparable educational situation occurs in the form of collective student fantasies that certain teachers are excessively cruel, strict, or unfair, particularly during periods of tension which precede examinations. When the teacher becomes identified with a torturer, then the price for learning is seen in masochistic submission. As a reaction, regressive behavior may ensue which aims at restoring the balance by tormenting the teacher. Similarly, in analysis, the patient attempts to justify his regression with the fantasy that the analyst dislikes him. Regression thus may occur as a recompense during analysis, or as an example of what Dr. Sperling calls 'balancing'. After a period of progress, for example, the patient may feel that he owes himself a pleasurable reward in the form of regressive behavior for the deprivations and frustrations which have been imposed on him during treatment. Such regressions also have the connotation of punishing the analyst.

Dr. Bychowski suggested that the balancing function is one of the essential trends of the mental apparatus, and that it operates in many areas of mental life as a factor in preserving rhythm and harmony. He cited, among other examples, the psychopathological acting out of the artist at the same time that his works express great nobility and lofty ideals. Like the synthetic function of the ego (from which it differs), the balancing function never achieves its objective completely, although it is constantly at work. What Freud called recompense be-

comes necessary as a result of the ego's limited ability to tolerate frustration and restriction. The relative contributions which are made by the superego and by the ego to the recompense mechanism are a function of the total personality, and are yet to be elucidated for various clinical constellations.

Recompense may be possible by finding some pleasant association, or by an alteration in reality or in the perception of reality, as when Freud became aware that his brother could not attain an academic distinction, and that there was, therefore, no need to be jealous. It may also be obtained by the use of humor, which enables the ego to bear an otherwise intolerable situation, (e.g., the so-called 'gallows' humor which appears under tyranny). Prior to the outbreak of actual rebellion against dictatorship, the balance and the recompense are provided by the revolutionary ideas expressed in the literature of the country and by the cultural advances which occur despite the political oppression.

In certain forms of frigidity, moral masochism (the woman inflicting suffering on herself) is balanced by sadism (making it difficult for the man), and the woman may force the man to coerce her into giving herself fully, and into giving and experiencing pleasure. In general, each developmental advance is attained by relinquishing former positions of pleasure. This is made possible by the recompense offered in the form of the love and approval of the parent, and the pleasure inherent in the acquisition of the new function. When a new function (or a new position in ego or libidinal development) is achieved through coercion rather than through love and natural development, neurosis may ensue.

In summary, Dr. Sperling commented briefly on classical learning theories which are generally deficient in that they make no provision for psychic structure and maturation. He also stressed the need for the development of a psychoanalytic theory of learning.

MARTIN D. DAVIS

May 21, 1962. THE APPLICATION OF EGO PSYCHOLOGY TO MYTHOLOGY: A PANEL PRESENTATION.

Dr. Sidney Tarachow, in his introduction, depicted the succession of themes that course through the history of man's development as shown in the evolution of religion and particularly the theater. The first theme, the conflict between the gods, was followed by the conflict between the gods and man, and then between man and man. The current theme is the struggle within man, his intrapsychic conflict. It is characterized by problems of guilt and ego structure, and by attempts to solve the ambivalence problem as well as the origin of the sense of guilt.

These problems are intimately connected with those of ego development; and the myth, Dr. Tarachow posited, can be understood as one of a number of devices which can come to the rescue of the 'faltering ego'. Myths ease the burden of ego synthesis and development, and facilitate a working through of disturbing problems. This working through has both an externalizing and an internalizing process: the externalizing process not only gives respite to the weary ego, but provides it with room for change and development; the internalizing process is used to solidify character formation and stabilize relationships; in this the myth plays a conservative role.

Dr. Jacob Arlow presented a condensed version of a paper, The Madonna's Conception Through the Eyes, noting that many of the major religions are founded upon central myths. These are based upon a fantasy which contains some disguised representation of a fundamental childhood instinctual conflict. Through unconscious identification with the central figure of the myth the listener, or religious participant, is afforded a certain degree of instinctual gratification. This resembles the appeal of artistic creations. In myths central to religious tradition, superego elements must predominate in the end. From the point of view of the instinctual drives, the central myths of religion must demonstrate a high quality of sublimation, or resolution of the conflicting claims of superego and id in terms of reality, that is, the demands of the society into which the individual was born. In adult life a regression may take place and a hitherto successful religious sublimation may be transformed into a neurotic symptom as the instinctual wishes break through the repressive barrier.

Dr. Arlow illustrated this thesis with a fragment from the case of a young woman suffering from anxiety hysteria. Due to her approaching marriage and the imminence of sexual relations, the patient's sublimation broke down, and her illness began. Her headache and irritation of the eyes, when analyzed, proved to be a transformation of the wish to incorporate the paternal phallus. The symptom was based on the fantasy of impregnation through the eyes by way of identification with the Virgin Mary in various representations of the myths of the Annunciation to the Madonna. Consciously, the patient feared that the headache was due to a brain tumor. Unconsciously, the headache represented a cerebral phallus or pregnancy. This common œdipal wish, presented in a highly sublimated form, has widespread appeal and serves, through the premium of the unconscious gratification which it affords, to bind the developing girl to the mores and ideals of her society. Arlow also pointed to the influence that this specific childhood sexual fantasy had on certain elements in artistic representations of the Annunciation to the Madonna.

Dr. Mark Kanzer's paper, On Interpreting the Œdipus Plays of Sophocles, was then read. Following is the author's abstract. Neither the Œdipus myth nor the personality of Œdipus can be reliably interpreted from the plays of Sophocles which, like those of Shakespeare, were tendentious and written with a contemporary audience in mind rather than to preserve an ancient chronicle. Homer's version varies significantly. Research indicates that Œdipus was originally a demigod, son of the earth mother Demeter, and that he figured in spring vegetation rites which still leave their trace in Œdipus Tyrannus. There is also a core of historical fact which links him to the dynasty of Cadmus, the Phoenician, and to the Egyptian Sphinx, imported by the Phoenicians into Greece.

A conglomeration of myths from many sources and cultures gradually coalesced to form the Œdipus legend. As it developed, a monster-slayer was converted into a riddle-solver; action was replaced by intellectualization. Sophocles developed this tendency further, making Œdipus an exponent of the Greek philosophy: 'Know Thyself'. He moved toward recognition in the fact that fate lies in character and family relationships rather than in the will of the gods. Œdipus himself came to exemplify the narcissistic pride in the intellectual

functions of the ego and their ultimate inadequacy when in conflict with the id and superego. Much of his personality apparently is derived from that of Sophocles. The riddle of the Sphinx, which became associated with the Œdipus myth only secondarily, can be traced back to confrontation of man with his own image—in essence, the mirror dream and the feeling of the uncanny when face to face with his double. This self-analytic motive, the core of the superego, was intuitively converted by Sophocles into a play which unfolded like an analysis and provided temporary catharsis. Psychoanalysis completes the process and dispenses with both the myth-making and the æsthetic functions.

The last paper, presented by Dr. Renato Almansi, was entitled, Ego Psychological Implications of a Religious Symbol, and is abstracted by the author. Two ancient Hebrew religious symbols were studied from psychoanalytic and historical viewpoints. Dr. Almansi traced their manifold significances and ramifications in order to determine the way in which various psychic structures, and particularly the ego, participate in their formation. These symbols are the Tables of the Law and the Tetragrammaton, the ancient, highly tabooed, mysterious name of the God of the Hebrews. Both symbols proved to signify hands. The same study also confirms the age-old tradition that the position of the fingers in the Kohenite blessing plastically represents the spelling of the Tetragrammaton. All stages of libido development participate in the formation of these symbols. Their numerous meanings bear indications not only of the different stages of libidinal development but also of the operation of the defense processes, of the superego and of the ego, and of the progressive integration of the drives into the totality of the psychic structure. The evolution of these symbols portrays their passage from id to ego interests and, paralleling the normal vicissitudes of the function of the hand, from drive orientation and magic omnipotence to secondary process functioning, rationality, manipulative control, communication, learning, and adaptation to reality and to the group. This transition clearly corresponds to a change in instinctual aims and to a neutralization of libidinal and aggressive energy which leads from pleasure to reality ego, and from primary narcissism to object relations. In its ultimate expression, the symbol of the hand came to signify a trend away from narcissistic gratification toward re-establishment of a mature reunion with the parental figures. The results of this study were confirmed, from a clinico-experimental standpoint, by a tachistoscopic study of ten patients.

DISCUSSION: Dr. Warner Muensterberger pointed out that the reawakened interest in mythology and applied analysis in general signifies an important step: ego psychology adds a new incentive to an area which seemed to be essentially reserved for a deeper understanding of id and superego forces. Discussing the different versions of the Œdipus myth as depicted by Homer and then by Sophocles, Dr. Muensterberger noted that these differences may point to a social revolution which took place between the time of Homer and the era of Sophocles. In a wider frame of reference they let us understand which elements are adaptable, flexible, and show a certain plasticity and, on the other hand, those qualities which remain constant. The actual constant is that of mother-son incest, disguised in many possible arrangements.

The Œdipus legend is used as 'a vehicle for the prevailing Greek philosophy' according to the Delphic oracle: 'Know Thyself'. Dr. Muensterberger is inclined to see evidence for the poet Pindar's adage 'Become the one you are'. It is true that we find suggestive resemblances of the Œdipus legend in many cultures, and psychoanalytic insight has taught us that those resemblances are more than fortuitous. Their basic meaning is due to man's parallel evolution and the deep effect of a basically identical mother-child relationship which constitutes the first social organism. The discussant highlighted the adaptive process as it relates to the total psychosocial situation. The juxtaposition of primitive and civilized societies, or rather their individual representatives, permits us to recognize a more or less steady increase in ego autonomy and concomitantly a greater differentiation of superego organization. More secure from external dangers, we observe a decrease of the impact of mythification and magic thinking from the collective point of view. The individualized myth has replaced the collectively institutionalized and accepted myth.

Dr. Ludwig Eidelberg emphasized that the ego is only part of the total personality, and he had the impression that ego psychology is becoming a kind of slogan. This is a danger. It is unpleasant to be confronted with the id and superego: this may have contributed to the present tendency to overstress the importance of the ego. He denied that Greek mythology is based chiefly on shame rather than guilt and pointed out that shame requires understanding of the superego.

Dr. Max M. Stern stated that in addition to the control of instincts stressed by the speakers, the ego function of myth and rites purports to overcome the anxieties connected with instinctual gratification. Thus, similar to phobic displacement, the myth liberates reality from inhibiting projections. He cited the orgastic vegetation rites where the tilling of the soil is made possible through the preceding ritual, in which the incest represented in ploughing is collectively acted out in a symbolic representation of Mother Earth; similar mechanisms were at work in other rites, such as slaying and eating the god, and puberty and marriage rites.

AUSTIN SILBER

Miss Anna Freud was an ALFRED P. SLOAN VISITING PROFESSOR in the Menninger School of Psychiatry, Topeka, Kansas, from September 16 to 26, 1962.

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Dr. Gudrun Brun, a child psychiatrist from Denmark, was an ALFRED P. SLOAN VISITING LECTURER in the Menninger School of Psychiatry, Topeka, Kansas, for two months beginning October 3, 1962. Dr. Brun has been director of the department of child psychiatry of Bispebjerg Municipal Hospital in Copenhagen since 1946. She was the first person in Denmark to specialize exclusively in child psychiatry.

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The Columbia University Psychoanalytic Clinic for Training and Research has awarded $21,750 from its ADELE R. LEVY RESEARCH GIFT to sixteen faculty members participating in the work of eight research projects which include: Evaluation of Ego Strength; Eskimo Basic Personality and Social Homeostasis;

Psychoanalytic Interview as a Research Tool with Nonpatients; Psychosomatic Research; Evaluation of Psychotherapy with Physiological Criteria (Ulcerative Colitis); Selection of Candidates for Psychoanalytic Training; Interview Technique in a Group Setting: Implications as a Teaching Method; and Suicide Motivation: Cross-Cultural Approach.

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The annual Symposium of the ARGENTINE PSYCHOANALYTIC ASSOCIATION will be held in Buenos Aires on June 14-15, 1963. The subject will be Psychoanalysis of Anti-Semitism.

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The Royal Medico-Psychological Association announces that as of January 1963, its official publication, The Journal of Mental Science, will become THE BRITISH JOURNAL OF PSYCHIATRY. It will remain the policy of the Journal to publish original work on every aspect of psychiatry. Address requests for further information to: Dr. Eliot Slater, Editor-in-Chief, 11, Chandos Street, Cavendish Square, LondonW.1, England.

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# EGO DEFECT AND DEPRESSION

BY STEVEN HAMMERMAN, M.D. (PHILADELPHIA)

Abraham *(1)* in 1911 extended the application of psychoanalysis to the manic-depressive psychoses and formulated a story of their psychogenesis. He stated that in depression libidinized hatred predominates and that the result could be expressed in the sequence: 'I cannot love people; I have to hate them; so people do not love me; they hate me'. In 1916 Abraham *(2)* discussed depression in relation to the oral symptoms and concluded that in such patients the libido has regressed to the oral-cannibalistic stage.

Freud *(4)* had emphasized the melancholic's attempt to regain the ambivalently loved lost object by introjection. He noted that the object cathexis proved to have little power of resistance and was abandoned while the free libido was not directed to another object, but was drawn into the ego and there established an identification of the ego with the lost object. He noted here the regression from an object cathexis to a narcissistic identification. Although Freud was distinguishing between that defensive identification which occurs as a result of the loss of an object, in contradistinction to those primary identifications which antedate real object choice, he did not specify this until some years later in The Ego and the Id.

Klein *(9)* felt that in so far as the experience of birth imposed a feeling of loss, the rudiment of depression is present from birth. She postulated a 'depressive position' and the continuous introjection and projection of good and bad part-objects from early infancy. These mechanisms regulated the formation of the 'good-bad' aspects of self and object representations, thus establishing an intrapsychic mechanism whereby aggression might be turned inward. Klein thus related both the process of introjection and the psychological predisposition to depression to an early stage of normal ego development, prior to individuation and the capacity for object relations. The existence of such

primitive introjective mechanisms is an important finding in all depressions of any severe degree, and the loss of the introject or partial introject impairs reality testing.

Bibring *(3)* places emphasis not on oral frustration and subsequent oral fixation, but on the infant's experience of shock from and fixation to his feeling of helplessness. Bibring regards depression as basically an ego phenomenon and a reaction to narcissistic frustrations which the ego is unable to circumvent. Jacobson *(8)* finds that even after long observation it is difficult to distinguish between a psychotic and a neurotic depression. She finds that many of her cases are borderline, presenting ego distortion, superego defects, disturbances in object relations, and a pathology of affects beyond that commonly found among neurotics.

The depressions have thus been differentiated on the basis of narcissistic insult, the relationship to the object both as to mode and capacity, the character of the psychic structure, and the nature of the affects involved. A therapeutically useful differentiation may be made between those depressions in which there is a collapse of self-esteem due to guilt resulting from the inexorable demands of a sadistic superego, and those which appear primarily to be consequences of a defective organization of the ego.

The role of the archaic, sadistic superego in the etiology of depressions was pointed out by Freud *(4, 5)*, Rado *(11)*, and many others, especially those considered as melancholias. In these types there is a comparatively highly developed organization of the ego with sadism emanating from a well-developed intrapsychic structure. Such organization follows the attempted resolution of the œdipal conflicts, and it is in such a discrete, organized, intrapsychic structure with distinctive functions and energies available to it, that the prosecution of such functions can result, promote formation and preservation of psychic structure, and guard against destructuralization. The sadism of the superego presupposes the existence of complex object relationships which include the wish not only to destroy the object, but

also to humiliate the object and to enjoy its suffering. It is only following the regressive attempt to regain the lost object through the introjective process that a fusion of the self with object representations results in a blurring of ego boundaries, and aggression directed against the self. Clinically, the range extends from mild depression to severe melancholias, depending on the relative predominance of oral-aggressive mechanisms, the structure of the superego, and the nature of pre-existing object relationships. The structure of the basic character of such cases of depression is typically oral-anal and displays a capacity for distinguishing between self and object representations, some variable attainment of object cathexes, and a relatively successful fusion of libidinal and aggressive drives.

The depressions resulting from very early traumatic relationships with the primary object display predominantly a defect in the ego boundaries, with a chronic difficulty in distinguishing between the self and object representations. Mahler *(10)* has observed that the normal infant-mother relationship consists of a presymbiotic, autistic phase of unity, which gives way to a symbiotic phase proper during which the infant behaves and functions as though he and the mother were a duality within a common boundary. The symbiotic phase is followed by a separation-individuation phase, and to achieve such ego individuation the symbiotic partner must serve as a buffer against inner and outer stimuli, thus gradually organizing them for the infant and orienting him to the distinction between intrapsychic perception and outer reality—leading to a progressive definition of ego boundaries. Freud *(6)* first suggested this function of the mother as a protection of the infantile ego from excessive stimulation (stimulus barrier).

Rosenzweig *(12)* found that excessive limitation of perceptual stimuli caused a marked alteration of mental functioning including autism, distortion of body image, depersonalization, and ego disintegration. Winnicott *(14)* had noted that the empathic mother functions as an auxiliary ego preventing both under- and overstimulation of the infant, either of which tend to lead

to faulty, asymmetric ego development. Optimal internal and external perceptions, mediated through the mother functioning as a stimulus barrier, would seem therefore to be crucial for the proper development toward individuation of the early ego. Continuing perceptual and kinesthetic experiences, with the mother a constant object, promote delineation of the body image as well as the emergence of the conception of the self.

The increasing cathexis of such a beginning object representation with both libidinal and aggressive energy is necessary for continued ego development by affording the infantile ego optimal stimulation as well as a constant benign object utilized by the infant for distinguishing between self and nonself.

Hartmann *(7)* believes that the more completely the aggressive and libidinal energies are fused, the better promoted is the growth of the ego by successful neutralization of the aggressive drive. Spitz *(13)* states that when the infantile ego cannot give vent to its aggression, its boundaries again become fluid; thus, the actual loss of the object itself tends toward instinctual defusion, and excessive accumulation of unneutralized aggressive energy in the infantile ego, because there is no longer an object available for aggressive cathexis. The excessive accumulation of unneutralized aggressive energy directed against the budding ego, due to early loss of the object, results in a chronic deficiency of self-esteem, depression, and a so-called masochistic ego. In addition, there occurs distortion of the self image, due to excessive narcissistic cathexis, as well as perceptual distortions resulting from faulty ego development.

In such cases of depression there is a lifelong pattern of apathy and chronic lack of any real enjoyment in living, although there are short periods of defensive euphoria as the result of some temporary narcissistic aggrandizement. When at times the hypomanic defense fails, periods of depersonalization may supervene. Life tends to be seen in dull gray tones accompanied by feelings of emptiness and weightlessness. Such people give to others an impression of leaking and being full of holes. They exhibit frequent temporary withdrawal of cathexis, manifested by periods of blankness which they try to hide.

In their relationships with others such individuals are never able to feel sufficiently loved, and go through life feeling cheated from lack of gratification. Every disappointment is experienced as the repetitive loss of the need-fulfilling object, and there is a pathological quality in both the depth and duration of emotional reaction, and the lack of tolerance to frustration. The impulsive craving for object relationships among women of this type may be acted out in promiscuity. Physical proximity creates a primitive episodic illusion of personal closeness without any substantial or enduring emotional content. Object relationships are based on an insatiable need for narcissistic repletion. Sometimes such women resort to a masochistic bondage to one person who always represents the early mother. Their fantasy life is dully repetitive and unimaginative. When unafraid to show their true feelings, they are impatient, demand immediate gratification, and are intolerant of any frustration. They are easily depleted and often incapable of sustained effort. Filled with impotent rage, they are usually unable to mobilize and direct it externally. They are incapable of accepting the love they crave, and often provoke benefactors to psychic insult. There is a recurrent pattern of failure, self-depreciation, and lack of psychic profit. They are unable really to enjoy any successes or accomplishments and excessively amplify all failures or disappointments. Although they express deep feelings of guilt, the predominant lack of self-esteem seems not to be based so much on transgressions against the superego as on failure to attain the magical standards of the primitive, omnipotent, narcissistic ego ideal. The self-image stems from distortion of the body image, represented characterologically in deficiencies of self-reliance and self-esteem, with lack of conviction of any achievements.

These depressions are distinguishable from psychoses with recurrent depressive symptoms and basic ego defects. Despite many similarities, the differentiation ultimately can be made from the extent of ego development, and from the capacity for utilization of its adaptive functions. In the psychotic with depressive features, the ego is grossly defective in development

and in functional adaptation. There is a greater lack of ego individuation, disordered ideation to the point of primary process thinking, a tendency to psychic destructuralization, instinctual defusion, and confusion between self and object representations. There is more faulty integration of the internalized primary objects with excessive projection of archaic self-images, with greater ego-splitting and less contact with reality. There is increased perceptual distortion and restitutive delusions and hallucinations. The quality of the depressive symptoms is more shallow, changeable, and less pervasive and chronic. The manifestations and severity of the depressive illness will depend on the degree of psychic structure achieved and will differentiate these depressive illnesses from those resulting largely from superego pathology.

I wish now to present such a case with selected material and limited reference to transference manifestations and treatment technique.

A tall, thin, handsome lawyer in his middle twenties was referred for analysis because of sexual impotence of two-and-one-half years' duration. With his gay young mother he had had a close and quasi-romantic relationship. His father was described as a fat, older man who stolidly dominated his wife in a passive, steadfast way. The patient had a sister whom he hated, beginning with his intense rage at five years of age when he first saw his mother feeding the new baby.

Depressive and apathetic, with no genuine capacity for relationships intimate or casual, he tried to find an identity by looking to others for cues to provide him with a role that he might play. Empty of feelings and without convictions, he variably adopted the attitudes and convictions of others. Behind this façade, he felt bitterly and impotently enraged from deprivation and frustration.

The analysis was limited initially to detecting and analyzing each bit of his acting out. His habitus, mien, dress, habits of eating, all expressed aggressive revenge against his depriving

mother, perpetuating his masochistic bond to her. These repetitive compulsions were observed and pointed out to him by his wife and others, but he was understandably able neither to apprehend nor to learn from experience. There was a degree of mature functioning of the ego which he could not effectively utilize, and from which he repeatedly regressed. Although he was very intelligent, he was erratic in his judgment and ability to comprehend the issues involved in professional decisions.

He sought persistently to define—that he might adopt—the analyst's opinions and beliefs. He could have no convictions because he had no established identity, seeking instead to borrow one from whomever he might. These transient introjects remained isolated in separate ego segments or vanished without being integrated and utilized. He tried desperately to become attached to persons but recoiled from his own wish to be swallowed up into a hostility that enabled him to preserve what little sense of identity he had. To provoke anger toward himself seemed, more than anything else, to give him a sense of separate entity, probably by more sharply delineating the boundaries of his ego. Physical contact in part meant to take in through the skin and in part was designed to help him to awareness of his ego boundaries. An example of such associations follows:

> You're wearing a brown suit and so am I. I'd like to be like you . . . There was no separation between my mother and me. I have to hate her because if I didn't, there wouldn't be me any more . . . I stay away from my mother to keep myself separate . . . I fight with you to feel your hardness, to give myself substance and know I exist . . . I just see myself walking around the outskirts of things. If I really got into something I'd lose what I have. If I'm not angry, I'll be lost and won't have anything to anchor myself to; I'll slip away in all directions. I can't let anybody get too close. I'd disappear into the other person. They'd gobble me up.

There gradually emerged the oral-narcissistic fantasy that he was the uniquely favored Little Prince, a role which he acted out by secret strutting accompanied by feelings of haughtiness.

The fantasy persisted despite the emptiness of his life, his inability to achieve success in his work, and chronic depression. He had been weaned at six weeks because 'the mother's breast had dried up'. Actually his mother had been out of the house frequently, leaving him with a maid. While she was at home some part of each day, he nevertheless remembered his first five years as 'an empty desert'. That the mother was unavailable to him during the period of infancy when he needed her most left him in an infantile oral bondage to her—a state of primitive introjection and later partial identification without assimilation or integration. 'I have', he said, 'kept my mother inside me all these years . . . even wear glasses like her . . . just lived for those Friday nights when she'd be home too. . . . I never had any mother at all. I see myself with my mother and I'm completely empty before and after. I try to fill myself up with my father at other times but it doesn't work. The only way I had of holding on to her was to be like her.'

He could not give anything and came to describe his lifelong behavior as a process of 'standing in between'. This meant the attempt to keep two people apart. At the same time it represented his feeling of lack of separateness and of being split into segments, each containing one introjected parent, and with his own segment attached to both.

Masturbation fantasies represented a continuous orgy of sucking at all vents, including the penis, which represented a narcissistic extension to obtain pleasure for himself and not to give to the object. Stealing as a youngster was another representation of his reaction to oral deprivation. He was terrified when his wife was having a child. He described himself as 'a big vacuum cleaner'.

The failure of many long months of continuous attempts by the patient to provoke by hostility the analyst into retaliatory reactions enabled him to cathect the therapist as a separate object, thus draining his own ego of some degree of unneutralized aggressive energy. The increasing repair of the ego defect resulted in greater capacity for perception of reality which per-

mitted revision of primitive distortions, further growth of psychic structure, and increased self-esteem.

The diminution of the excessive narcissism occurred through the constant exposure to reality testing in the analysis. This resulted in modification of the omnipotent ideal images through fusion, and identification with more realistic images of the therapist as ideal. Increased self-esteem and diminution of depression developed through realistic changes in his own distorted self-image, resulting from a decrease in the excessive narcissistic self-cathexis as well as from a decrease in the perceptual distortions. Increasing ego development enabled the patient to utilize more mature ego mechanisms and to achieve increasing capacity to integrate and synthesize new life experiences.

## SUMMARY

Some depressive illnesses are considered as consequent to defects in ego development resulting from early object loss or defective relationship. Such defects are manifested by lack of ego individuation with splitting of the ego, persistence of primitive introjection-projection mechanisms with failure to develop real identifications, distortions of the self-image, lack of instinctual fusion, inability to achieve real object relationships, and pathological, affective reactions to loss or disappointment. Treatment in such cases is directed primarily to repair of the ego defect in order to achieve some measure of increased self-esteem. Those depressive illnesses based on a predominant superego conflict have already achieved some considerable development of psychic structure, and therapy in such cases is directed toward modification of the superego pathology.

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# SERENDIPITY

BY W. N. EVANS (CHESTER, ENGLAND)

## I

A student, while reading for an impending examination in his college library, came across a volume of The Life and Work of Sigmund Freud *(9)*. He decided to read it, although it had nothing to do with his studies. Glancing through its pages he came across *'serendipity'*, (p. 350), a word he had not met before. He put down the biography, turned to the dictionary for help, and there read, 'the faculty of making happy and unexpected discoveries by accident'. He exclaimed to himself, as he invariably did when he made a minor discovery, 'Well, would you believe it!' Pleased with this new addition to his knowledge he walked out of the library leaving Jones's monumental work on the table, unread.

The humor of the situation was entirely lost on him; namely, that he had by this piece of behavior provided a most apt illustration of the definition. And the reason he never saw the joke was because in all things connected with learning he was himself a confirmed serendipitist. Whenever he set out to acquire information on a subject he behaved as he had done on this occasion. Having begun a certain line of inquiry he would allow himself to get sidetracked and, as one byway led to another, he would find himself learning facts about a topic that had no bearing whatsoever on his original line of investigation.

If the book he was reading contained a reference to another he would set off on a new digression. If it had footnotes—and it often did—he would confine himself to them and the text would remain unread. Appendices attracted him in the same way and the book that had them would suffer the same fate. If he had to consult an encyclopedia, then the afternoon would probably be wasted. Indeed, it was something of an occasion when, rarely, he would find what he was looking for. However, he seldom re-

turned from these literary shopping expeditions empty-handed: he would have some curiosity to add to his vast accretion of intellectual bric-a-brac. These accidental findings he would display to his colleagues. He would surprise them with such questions as, What was the name of Rembrandt's second wife? Who is Frank Sinatra's new band leader? It should be noted that he was not one to confine himself to works of scholarship alone; periodicals, magazines, and the newspaper columnists all came within the wide orbit of his reading.

He was a browser rather than a reader, a snapper-up of unconsidered trifles of knowledge which, while more or less interesting or amusing in themselves, fitted into no coördinated body of knowledge. In the department of English Studies where he was to take his doctorate, he had the reputation for being 'a bit of a wag' but also knowledgeable and well read, which was due as much as anything to his flair for making oblique and clever allusions to matters which in fact he knew little about. Thus he gave the impression of knowing a great deal about his subject. As, however, he did not know it, he failed and was required to sit the examination again.

The purpose of this communication is to demonstrate with clinical examples that serendipity is not, as is commonly supposed, the happy adjunct of genius whereby important scientific discoveries are made. On the contrary, it is a crippling neurotic symptom and constitutes an impairment of the ability to learn.

## II

The dictionary definition, already referred to, is technically correct, but it is misleading because the emotional quality that infused its original usage is missing. As the word is the personal invention of one man, Horace Walpole, and used by him in a letter that he wrote on January 28, 1754, to his friend, Sir Horace Mann, it is possible to discern the emotional quality of the word by reading it in the context of the letter where he first used it.

At the beginning Walpole tells of his discovery of an old Venetian coat-of-arms. 'This discovery', he writes, 'is almost of that kind which I call serendipity, a very expressive word, which, as I have nothing better to tell you, I shall endeavor to explain to you: you will understand it better by the derivation than by the definition'.

He then goes on to relate a fairy story he once read called The Three Princes of Serendip. These princes as they traveled abroad were always making discoveries 'by accidents and sagacity of things which they were not in quest of'. One of them observed that the grass on the left side of the road had been cropped, but not on the right. The problem was solved, thanks to the prince's sagacity, and we now know the answer. He discovered that he had been preceded on the road by 'a mule blind of the right eye'. 'Now', Walpole concludes, 'do you understand *Serendipity*?'

The tone of the letter is ironical, and it is this all-important quality that is missing from the terse dictionary definition.[1] He is not suggesting that important scientific insights can ever be of the same order as the chance discovery of a first edition in a secondhand bookshop. Walpole's opinion of the fairy story is summed up in one word, 'silly'.

Contrary to the spirit of the inventor, it has been commonly assumed that serendipity is 'a good thing'. One English man of letters has stated, ironically no doubt, that it was 'his sole recreation'. The discovery of the Boswell Papers by Professor Abbott was hailed as 'the most extraordinary example of serendipity in literature'. Ernest Jones—and here we come to the passage that caught the eye of the patient—when speaking of Freud's major work, The Interpretation of Dreams, states: 'It was a perfect example of serendipity, for the discovery of what dreams mean was made quite incidentally—one might say accidentally—when

[1] William Empson *(6)* has written at length of the shortcomings of those who compile the typical English-into-English dictionary. 'Thesaurusmongers', he calls them. 'They must not chat frankly about emotions' nor must they admit the connection of words and emotions. It is, therefore, this emotive quality that is missing from the 'circular' definitions of the dictionaries.

Freud was engaged in exploring the meaning of the psychoneuroses'. Others, however, would claim that Saul of the Old Testament was the greatest of all the princes of Serendip on the grounds that while he was seeking his father's asses he discovered a kingdom. The whole point of Walpole's letter is the opposite. If in seeking a kingdom a prince were to discover an ass—that, he would say, is serendipity.

One writer, a humorist, who has caught the irony of Walpole's letter is the author of a mock-serious treatise on the subject of beards *(11)* which is a tongue-in-cheek satire on serendipity. He begins with a description of the symptomatology of his 'incurable disease'. 'Any good library is to a serendipitist what a flypaper is to a fly' and, he concludes, 'the most dangerous of all such flypapers to a fly of small learning such as myself is the Reading Room of the British Museum'. He writes feelingly of the hours that he has wasted there, of the pamphlets and broadsheets he has pored over and found 'all the more entertaining because they have nothing in common with your studies'. Words in themselves 'are fatal to a serendipitist'. He has drawers crammed with notebooks and odd scraps of paper 'where I have noted the gleanings of my dictionary digressions'. He likens his confused miscellany of knowledge to 'a magpie's nest of useless knowledge'.

A serendipitist, therefore, is not one who makes scientific discoveries by good luck. He is, for unconscious reasons, prohibited from finding out what he wants to know and is perpetually being deflected from his aim; hence, the large assortment of discrete and unrelated facts that he likes to exhibit constitutes a pretense of knowing. It is substitutive knowledge. Serendipity is the mark, not of the scholar, but the sciolist.

## III

The patient's accidental discovery of the word occurred at the beginning of his analysis and served to pin-point his inability to observe and correlate facts, and to make the necessary deductions.

During the months that preceded his re-examination he reported a series of dreams in which he was wandering in the suburbs of a large city trying ineffectively to get to the center. These dreams were always accompanied by anxiety. That these dreams summed up his inability to get to the heart of a matter he readily admitted. Metaphorically, he was always floundering in the suburbs. His constant repetition of the word 'outskirts' led to the deeper symbolic meaning, his dread of the female genitals (the city center). At first, the city was sprawling and inchoate, without contours and often shadowed. As the series progressed the city gradually took on the likeness of a medieval city, a compact and self-contained entity with a halo of light about it. In its final version the turreted city becomes his college: he is trying vainly to photograph it, but all he can achieve are 'partial views'.

Learning was thus a body of knowledge which unconsciously was equated with a knowledge of the body (the female's). His dread of approaching the center was immediately connected with an aspect of his castration complex.

After his failure, a professor, sensing his plight, suggested that in preparing for his re-examination he confine himself solely to his lecture notes as they contained the gist of what he needed to know. It was typical of this student that such an obvious course of action had never occurred to him, and it was equally typical that having decided to do this he could not find them: many had been used as bookmarkers and others had been hidden under piles of magazines.

Having at last assembled the bulk of his notes his task was to read them. It was now possible to see in detail what his difficulties were. At the point in his reading where he came to a significant fact, or when he was on the point of understanding a passage, he did the following things and in this order. He emitted a long 'Ah-h-h' of conviction. He then removed his glasses, rubbed his eyes, closed the book, got up from the table—and went for a walk, or to the movies, or had a long session on the toilet. On returning, he would open his notes at random and

begin on a new theme which might, or might not, have a bearing on what he had been reading previously.

He passed the examination, but he was now faced with the much more difficult task of writing his dissertation. The long summer vacation was spent, not in writing, as he had intended, but in gathering more and more facts. It was clear that he could not set pen to paper. When eventually he did, hours were wasted in revising and crossing-out and in long discussions; or he would ponder long over which of two synonyms he should use, even though to a detached observer they seemed as alike as identical twins.

Asked how he had spent a day, Oscar Wilde once replied: 'In the morning I put in a comma. In the afternoon I took it out.' Such was the patient's problem. After five months the first chapter was completed. It consisted of forty-five pages and ninety-eight references. The comments of the two examining professors are particularly relevant. The first wrote, 'you never got near your subject'; and the other, 'formless, circular wandering'.

He had, as we have seen, two exclamations, one for each class of discovery. The irrelevant was greeted with a cry of mock amazement, 'Would you believe it!' But when he made an important discovery he uttered the prolonged 'Ah-h-h' of conviction.

His behavior in the learning situation was repeated in the analytic setting and always at the point where his associations related to his castration complex. The first time was when he was speaking of his grandfather who had an artificial leg. He recalled that as a child he had entered his bedroom and saw him without the leg. He saw 'a beard and a stump'. At this point he took off his glasses and began vigorously to rub his eyes as if he could not believe the evidence of his senses. Subsequent memories and fantasies which directly or indirectly related to his fear of the female genitals were met by the same utterance and accompanied by the same actions.

So far the obvious connection between this student's serendipitous proclivities and an aspect of his castration complex has

been stressed. But the matter went deeper. Of his character in general it could be said that he was a 'futilitarian' (it is pointless to expect anything, for hope invariably brings disappointment). A fatal resignation to the elusiveness of all satisfactions was his main characteristic. An important dream from a previous analysis epitomized his whole unconscious philosophy of 'pointlessness'. He is a small child standing in the street looking up at an enormous breast which in its immensity fills the whole street and reaches high above the housetops. Across it, as if it were signwriting, was written in huge capital letters, 'You need not look; there is nothing in this for you'.

While connecting this dream with his unconscious technique of warding off disappointment, he acted in the following manner. As if deaf to what was being said he began to move his head from side to side like an infant seeking an elusive nipple. In response to this interpretation and in confirmation of it he ceased the movement of his head, opened his mouth and uttered a prolonged 'Ah-h-h'. Presumably, he got the point.

It is significant that this patient indulged in sporadic outbursts of homosexuality. These consisted exclusively of fellatio in which he played the role of the suckling child. The expeditions were furtive and the satisfaction fleeting. The important aspect of these acts was the impulsive and imperative urge to go out and seek, not a man, as he liked to think, but a penis. So impersonal was the contact that it is doubtful whether he could have recognized again his sexual partner. The man was nothing more than an appendix to a penis. In the analysis of this behavior it became clear that the sudden urge to practice fellatio occurred when he had denied himself food to the point of near starvation. By a remarkable feat of repression he denied his increasing hunger and instead sought out an unsatisfactory substitute. For example, the first time this correlation was established he reported that he had had during the day, black coffee and a piece of toast for breakfast, coffee and a slab of cake for lunch, and at 8 p.m. a can of beer. Shortly afterwards he had an urge to look for a penis. The outcome of this correlation was a

marked increase in his weight and a decrease in his homosexuality.[2] The unconscious equation of breast and penis, which Freud established as long ago as 1910 in his analysis of the *coda* fantasy of Leonardo da Vinci, was corroborated in this patient in a particularly primitive manner.

In this connection it should be stated that the term, 'phallic mother', as a description of the imago of the preœdipal mother is incorrect. Behind the fiction of the mother with a penis, a denial that belongs to the phallic stage of development, lies the fact that the mother has a breast. In explaining the remarkable persistence of the unconscious fiction, psychoanalysis has stressed its connection with the castration complex. Assuming the unconscious equation of penis and breast, it should also be added that what is imagined to exist in the fiction of the phallic stage is but an illusory substitute for the reality which does exist. This objective fact, that there is 'something there', is also a reality which the infant in his omnipotent self-sufficiency attempts to deny.

The 'phallicist' and the serendipitist, then, have this in common: the reality they seek always eludes them because they are always looking in the wrong place and the 'discovery' that each thinks he has made is illusory and inevitably substitutive.

Lest there be any doubt about the definition of serendipity, Walpole emphasizes with heavy underscorings, 'You must observe, *no* discovery of a thing you *are* looking for comes under this description'.

## IV

A young man of twenty-seven, newly in analysis, displays three neurotic character traits.

At the moment a woman shows an interest which is more than platonic, he breaks off the relationship. This pattern he has repeated since his adolescence—his invariable pretext: 'I lost interest'.

[2] This correlation would also be in keeping with Bergler's assertion that behind the 'frantic chase after the male organ the disappointing breast is hidden' *(1)*.

He has a marked inability to study. At the age of seventeen he failed his university entrance examination in science because he could not attempt a single question in geometry. His method of studying this subject was as follows: at the moment he was on the point of understanding a problem he would close the book and go out for a walk; his explanation, 'I was bored with it'. After this failure his interest turned completely to literature and philosophy. He is now interested in metaphysics and psychoanalytic theory.

During the last ten years he has been dismissed from two good positions and in each instance the reason given has been identical: 'You seem to be losing interest'.

The bulk of this information was gleaned in a few preliminary interviews. When he was finally confronted with the question as to whether or not he wished to begin analysis, he ignored the question. His face became animated. He had observed something passing outside the house. Thus his basic pattern of behavior is repeated. At the moment when his attention should be focused on the relevant it is captured by the irrelevant.

Soon after beginning treatment he was given the opportunity to enter a university. He has elected to study philosophy. His object is 'to get a bird's-eye view of the whole totality of human knowledge'.

Like the previous patient he delights in reading around a subject. Curious, out-of-the-way pieces of knowledge enchant him and these collector's items that he displays to his friends give him the reputation for being well read and well informed. He gets lost in a dictionary and in a library he behaves like a true serendipitist. Knowing, for example, that the town library possessed a copy of The Psychology of Women *(5)* he finally overcame his resistance and decided to take it out. As he was nearing the shelf his eye fell on 'the very thing' he had been looking for, a book on difficult chess problems and how to solve them. The book he had intended to read is still for him virgin territory.

His mother was a modernist and at an early age he was given

a thorough grounding in the facts of life and the appropriate books to read. When, however, he was caught at the age of seven examining a little girl's genitals, he was reprimanded. The ironic inference is clear: it is permissible to get facts from books but not by direct observation. The impression is that his whole attitude to learning is an unconscious parody of his mother's hypocrisy.

Knowledge is for him a totality and already the symbol of the city has appeared. One of his first dreams is that he is sitting in a niche of the old Roman walls of his native city. There is a light in the center. He dare not look lest he be reported to the authorities.

Shortly after he was caught making his clinical examination he became obsessed with the concept of 'completeness' which manifested itself in the obsessive compilation of lists. His first was of all the makes of cars. Another was of all the publishers in the English-speaking world. He has compiled all the works of Beethoven and Mozart. He has just completed a bibliography of all the writings of Kant, having done the same with other philosophers. In these projects he begins with enthusiasm then anxiety develops lest, as he puts it repeatedly, there should be 'something missing'.

Although the analysis is in its early stages, it is evident that here is a serendipitist in the making and his resemblance to the first patient is striking.

## V

The learning problems of these two students were blatant. Both were precious and given to an aimless dilettantism. But they were well aware of their plight. There are others, however, in whom the same problems are latent. To the outward eye their sublimations function well. They have already established themselves as scholars and scientists and society sets value on their contributions. From the clinical viewpoint, however, it is often possible to discern a gradual moving away from their central

interests. Superficially, they seem to have little in common with the trivialities of the serendipitist. But their problem is the same. Their undoubted intelligence and their deductive abilities are being devoted to problems which are far removed from what they were originally 'in quest of'. It is as if one is dealing with a sublimation once, or more, removed.

The deviation may be slight. A physicist in his mid-thirties, having spent much of his session describing his childhood attempts to observe the nocturnal habits of his parents, stopped and apropos of nothing at all, asked, 'Did I ever tell you that I used to be an astronomer?'. He had not, nor could he rationally explain why he had at some sacrifice changed his occupation, although there were certain symptoms as his inability to write any more scientific papers, and his doubts as to the worthwhileness of his work. The inhibition of the voyeurism that forced him to change his former job was thus also the cause of his sterility in the new one.

In the following example it is possible to see at what point and for what reason the student deviated from his original path of study. As an adolescent he knew that philology was to be his life's work. To this he described himself as having been 'dedicated'; but when he enters analysis at the age of twenty-six, he is immersed in a dissertation on some abstruse aspect of Buddhism.

He came into analysis because he was impotent. He discovered his condition on his wedding night when he touched his wife's genitals. He was 'petrified' and the marriage was accordingly annulled.

He had been a child of exceptional precocity, an indefatigable worker with a prodigious memory for facts. Brought up to speak English he began at the age of three to learn Hebrew with the help of his grandfather. At an exceptionally early age he began the study of Latin and Greek. A degree in classics was only a prelude to learning Sanskrit. His excitement at the prospect of learning it was such that no words could convey it: he physically trembled. But, by the time he is in analysis he has only one word

for it, 'humdrum'. Apart from his knowledge of dead languages this prodigy had mastered most European languages. He also had a good knowledge of Russian. Chinese and Japanese had now supplanted Sanskrit, for he needed them to understand oriental philosophy which had taken the place of philology.

The gradual shifting from his central interest began in adolescence. While studying textual criticism of the Old Testament he became acquainted with the mystery religions of the East and so the gradual process of seduction began.

Apart from his studies he had two hobbies. One was traveling on the subway because his remarkable knowledge of languages enabled him to eavesdrop. The other, extending back to childhood, was the study of beards which had gradually extended itself to a compulsion to observe on which side the hair was parted.

It would be hard to say how many languages this polyglot had acquired, but in the learning of each he behaved as he had with Sanskrit: first, an intense excitement, then, as he achieved a mastery, boredom supervened, and he would repeat the same cycle of emotions with the next language. For him each language gave promise of being the key to unlock a mystery which must be solved. As each language proved a disappointment it was discarded.

That the acquiring of languages unconsciously represented a guilty voyeurism was easily established. Quite consciously he romanticized the learning of each new language as entering 'a forbidden city'; furthermore, his reason for learning Hebrew was to understand the private conversations of his parents which took place in Yiddish.

That knowledge was ultimately sexual was convincingly demonstrated by his use of the word 'understand'. Attempts at interpretation were at one period of his analysis met by a loud reiteration of the phrase, 'I don't understand'. One day on leaving, as he stood in the doorway, he gratuitously gave his assurance that he never once had looked up the adjacent stairway which led to the living quarters. In the next session he elabo-

rated; it was always possible that a maid or 'somebody' might be cleaning the stairs and that if he were to look up he might see up the woman's skirts. At this point he reacted as if he had received a great illumination. He recalled that as a child he had always taken the verb, 'to understand' to mean literally 'to stand under'; thus, his constant reiteration of the phrase was an unconscious disclaimer of what in fact he had often done as a child.[3]

The castration anxiety of this patient was exceptional. Dream followed dream in which 'the woman with the penis' appeared. Like the first patient he would remove his glasses and rub his eyes vigorously when he was on the point of 'understanding'. Most important was his use of the phrase, 'There's more in this than meets the eye', whenever he was faced with an abstruse passage in an article.

The age of seven, the year he began to wear glasses, was, he recalled, the first time he used the phrase. He and his younger brother were secretly observing their mother, naked. His brother made the correct anatomical deductions. The patient assured him that he was mistaken and that 'it was hidden' ('there is more in that than meets the eye'); hence, his obsessive interest in beards and later in what the parting of the hair would reveal; hence, also, his panic on his wedding night.

His progress as a scholar was a movement away from the center to the circumference. It was not an accident that in the later stages he was moving in a 'cloud of unknowing' among the metaphysics of Oriental philosophy. It was as if he had unconsciously to demonstrate that the fruits of his researches had no connection with their instinctual roots, or that 'knowing' is ultimately sexual knowledge, and that it has that meaning in the Old Testament *(3)*.

Lampl-de Groot *(10)* has stressed the importance of differentiating 'between the material pertaining to the œdipal and that pertaining to the preœdipal phase' and in particular the

[3] This example of infantile literalism is confirmed by two philological dictionaries. 'Understand', they both state, originally meant to 'stand under'.

differences in the transference material. In dealing with the earlier phase, she points out, the patient regresses to a primitive level of behavior. With this patient it was markedly so. For him the analyst was the great withholder. If he were so minded he could bestow the gift of potency, and at any moment; but out of sheer malevolence he kept him waiting. He conceived that the analyst had the 'gift' concealed on his person, like a breast.

Bunker *(2)* has convincingly shown that Tantalus, for whom the water disappears as he tries to drink and for whom the fruit is blown away as he is about to reach for it, is essentially a precœdipal figure, a symbol of the oral frustration which the infant endures 'at the hands of that ceaselessly refusing mother' whose malevolence, needless to say, is the product of the infant's first projections.

These three students who, like the Three Princes of Serendip, were always making discoveries of things they were not 'in quest of', had much in common with Tantalus.

## VI

The notion that the verb 'to discover' means to find out is a modern meaning. Its older meaning was 'to uncover'. It is in that sense that one reads 'discovered on the stage', which means that it is uncovered for us to take in by eye and ear. An earlier age would say that a truth is 'discovered unto us.' According to this line of reasoning a fact is not something one finds out, but something one accepts (or denies).

This older use of the word carries with it the implication that the prototype of the learning process is the feeding situation. It is not true to say that the infant finds the breast. It is given. This is the first fact that is discovered, and scientists accordingly call their facts *data* (that which is given). The work of the scientist is to see connecting links.

Scientists sometimes give the impression that their discoveries are accidental. Koestler in his study of astronomers calls them 'sleep-walkers' (the title of his book). The implication is that

they only woke up to what they had found when they barked their shins on it. What might be called 'the work of intellection' on observed facts is in part preconscious so that when this unceasing mental activity crystallizes into a hypothesis it comes as a revelation. Thus Darwin says: 'I can remember the very spot in the road, whilst in my carriage when to my joy the solution occurred to me' *(4,* p. 12*)*.

The ultimate deterrent to knowing is the painful acknowledgment that something exists 'outside' oneself. 'An "object" ', states Freud, 'presents itself to the ego as something . . . "outside" ' which he describes as 'threatening' *(8,* p. 12). Ferenczi *(7)* elaborated on the reasons why the discovery of the first stage of reality is unpleasant: the recognition that one is dependent on something outside is a threat to the infant's omnipotence illusion that he himself is the magical provider of all his needs. Thus it follows from this line of reasoning that the discovery of the outside world—growing up—is unpleasant quite irrespective of the environment, in that every acceptance of reality involves the renunciation of some degree of omnipotence. A part of man's 'incurable megalomania', Ferenczi points out, finds satisfaction in fairy stories in which he can be 'in a hundred places at once', and where all his needs are met without delay and his 'magic wand opens all doors.' Princes who are always making discoveries by accident 'of things they are not in quest of' exist not in reality, but only in what Walpole calls 'a silly fairy tale'.

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# THE *JAMAIS* PHENOMENON WITH REFERENCE TO FRAGMENTATION

BY ISIDOR SILBERMANN, M.D. (NEW YORK)

In a paper, Synthesis and Fragmentation *(5)*, the various manifestations of libido and aggression, their continuous interplay, and their essential roles in the structural and dynamic development of the mind were investigated.

Fragmentation is a normal function of the id, ego, and superego. It derives its energies from the various stages of the aggressive drive. Accordingly, we distinguish fragmentation 'at its best' and fragmentation 'at its worst'. The latter is observable in the id, in pathological states, in repression, and in regression.

In order to describe a specific phenomenon of fragmentation, several clinical instances are reported.

The first acute schizophrenic symptoms in a brilliant, scholarly Southern girl of seventeen appeared during a college test in history. Staring at the questions, she felt as if she were facing something unknown; something which she had never heard of before. The blank sheet of paper frightened her, demanding, as it did, answers that seemed totally unavailable. She felt barren and numb, 'as if I was falling apart'. Making an effort to recover, she could nevertheless only say to herself: 'I don't know the answers. I never knew anything about history. What's history?' The soliloquy did not reduce her panic and, utterly confused, she fled to her dormitory whence she was brought in a feverish state to her parents' home where she became somewhat calmer. A few days later she was awakened at night by the sounds of fire engines which, it seemed to her, were increasing with a heightened intensity of earsplitting noises. She fell into a rapidly mounting panic and despair, holding her hands over her ears, repeatedly crying out with anguish: 'What are those horrible noises? I've never heard such noises. They're splitting my brain in two. What are they?' A few hours later, apparently

hallucinating, she covered her ears again, then shaken with panic moved her arms as if she were trying to push something away from her.

In the hospital, although she requested my visits, for a long time she crouched in a corner of her room, her face contorted with fear, and begged to be taken away because a blazing fire was about to destroy her. She covered her ears with her trembling hands and tears streamed down her cheeks. She hid her head between her knees as if she were threatened by unfathomable dangers. After a while she would look at me in utter bewilderment; then she would remain silent for the rest of my stay. One day, after many visits, she stared at me intently as if she had never seen me before. She asked me who I was and what I wanted of her. When I told her that I was her physician, she shook her head and with a vacant look in her eyes whispered: 'You're a stranger to me, I've never seen you before in my life', after which she relapsed into muteness, taking no further notice of me. Some weeks later, she received me with less bewilderment, and after repeating that she had never seen me before asked: 'How do I know that you're a doctor?' Identification was of no help, and she returned to her previous *jamais-vu* insistence. One day a further change occurred. She stared at me with still less estrangement. After many minutes, she said: 'Who are you? Have I ever seen you before?' When I answered in the affirmative, she seemed to be battling with doubts, as though she did not know which to trust: her strange feelings or my response. This continued for a number of weeks. One day she put me to a test. After she had asked me her usual questions, she inquired if she could remove the handkerchief from my coat pocket. When I consented, she rolled it up and put it on my head. With a slight side-to-side nod, she began to laugh, and announced with gaiety in her voice, that she had crowned me and that we belonged together now! This marked the establishment of a new contact and clearance of the air of estrangement. Instead of saying, 'I've never seen you in my life' she now questioningly addressed me: 'I've seen you before,

haven't I? Yes, I have! You are my doctor, aren't you?' Finally, coinciding with the weakening of her massive negation, her *jamais* experience, she slowly improved and it became possible to reconstruct her life history.

From early childhood her life was haunted by loneliness and a 'longing for belonging'. Her mother, who obtained a divorce shortly after the child's birth, left the baby solely in the care of a nurse. To strengthen the one-year-old child's health, the nurse exposed the infant too long to the sun with the result that she was burned so severely that she nearly died. From then on a succession of bewildering experiences followed one another. The mother took care of her child for a time; then she was sent to live with an aunt; and after that to her grandparents. She became particularly fond of her grandfather, who played games with her, and introduced her to the fields and gardens where he often crowned her with a wreath of flowers.

Her series of residences in boarding schools and foster homes began at about the age of six, at which time she also had her first meeting with her father who was to her a total stranger. The many shifts and changes in her life made it very difficult for the child to get properly acquainted with her environment and to develop a sense of identity. On many occasions she would say to herself: 'I've never seen these people before'. She was puzzled, upset, and uncertain about her own past. She lost track of her own history. The unending changes, separations, and reunions confused and saddened her. Her mother attempted to console the depressed child by inventing a fanciful picture of an unhappy Southern nobility whose birthright the girl should be proud to share; but she felt more separated and alone: a stranger without ties or bonds, belonging nowhere. To make things worse, being a beautiful, gracious, and intelligent girl, she was pointed out to other children as a model of loveliness and kindness, as one never possessed by anger or hostility toward anyone. Such adulation widened the gap between her and her peers. Her aggression, finding no means of external expression, was turned against herself, causing serious pathology.

Although her mother stated that when the child was five or six she had told her of the almost fatal sunburn, the patient was able only gradually to recapture any memory of it. She was likewise unable to reconstruct the various changes of residence in schools and foster homes or her visits with her mother and other relatives until she had long been in treatment. Her belief that nobody had ever been unkind to her and that she in return loved everybody with great affection and held them all in deep admiration for their unending patience and kindness represented another problem. She was convinced that her mother had planned the various placements in her early life carefully and with foresight, motivated only by concern for her daughter. Her disappointment, anger, and rebellion were totally repressed, and on several occasions she stated, 'I never was displaced'.

The first signs of improvement became evident when her adamant *jamais* reactions changed to doubts, and when her doubts made possible her understanding that her fears of fire and history were rooted in her past.

The reaction, 'I've never experienced anything like that before', is frequently observed in varying degrees. In contrast to the *déjà* experience it may be described as the *jamais* phenomenon and it varies in intensity from a simple, easily correctible phenomenon to a firmly fixed and unchangeable conviction.

Out of the many cases which may be cited I shall select only a few that permit stress on the *jamais* phenomenon.

An intelligent and usually observant woman was disturbed by her attraction to other women, and by her somewhat frigid attitude toward men. Although her relationship to her husband could be best described as lukewarm, she grew more and more jealous until one day, finding herself unable to tolerate what she believed to be his infidelity, she contemplated suicide. Her conviction was intractably founded on 'typical lipstick marks' she discovered on his handkerchief. She persisted in this delusion despite the fact that her husband at the time of her

alleged discovery was almost immobilized by a severe depression. Although she had frequently repeated with much amusement that she often bought large quantities of pistachio nuts for which he had a great fondness, she would not attribute the red spots on the handkerchief to the red color of the processed nutshells. She maintained that he had eaten pistachio nuts for a long time and that she had never seen the red spots on his handkerchief before; also that pistachio stains are not so red. After long and intense working through, and as her homosexual tendencies and her pathological jealousy were analyzed, the *jamais* experience gave way to doubts and later to recognition of her defensive irrationality.

A middle-aged man was dominated by chronic hypochondriacal delusions. By going from one internist or surgeon to another with the complaint of unbearable abdominal pain for which no objective basis could be found, he finally persuaded a doctor to operate on him, only to find that there was no pathology in his abdomen or anywhere else. A short time later he returned to his surgeon with the same complaint, demanding another operation. In consultation, he was found to be an anxious, self-absorbed, and withdrawn man who complained desperately about his tormenting pains and the necessity that he be cut open again to be liberated from his suffering. When told that no further surgery could be considered, he fell into a state of mournful apathy. He was convinced that he had never felt this kind of pain before and that each attack of pain differed from all that had preceded, although the description and localization of the pain were identical. Therapy could not reach him.

Another instance of *jamais* phenomenon was revealed in a young man with a preœdipal character disorder with autistic features. He explained his tangential existence by the 'fact' that he had never known maternal love or closeness; that his mother had never held him in her arms or on her lap; that she had in

short never, as far as he could remember, given any sign of affection or warmth for him, had even ignored his feeding and his appearance. The only communication between them had been through enemas which she had administered interminably. He appeared, however, sufficiently well nourished and neatly dressed.

When his severe oral frustrations came in time more and more to the fore and the wish to remain eternally connected with the maternal breast became progressively obvious, he protested vigorously: 'I never felt anything like that. How can I have such craving, or know what it feels like to be close to her when I was never near her body?' Asked how he could be so sure about these deprivations, he replied: 'My mother could not have nursed me. She had an infection of her breast.' Asked if he knew how most inflammations of the breast are caused, he was somewhat disconcerted and said lamely that I had an answer for everything. However, his *jamais* was shaken. Doubts and hints of humor intruded and opened the way to further exploration.

A number of dreams and associations indicated a patient's fear of being suffocated at the breast. His response to this was ridicule. He had never heard of such a thing. It was humanly, physically impossible for anyone to be squashed by his mother's breast! When he was asked whether he knew how a child was nursed, and what the situation of the infant was in relation to the breast, he answered with a superior air: 'Of course I know! I'm a physician! I know how it's done, and in addition to having observed it on so many occasions, only the other day I saw a picture of my mother nursing my brother, two and a half years my junior. She lifted him up, holding his head over her breast; and lifting her breast to his mouth, she inserted the nipple from below.' My silence apparently made him less sure and subsequently he appeared sheepish and bewildered. He had re-examined the photograph and found, to his astonishment,

that his mother held the baby in her arms, lifting him to her breast which she held over his mouth and face.

A depressive male felt that he was ignored by his peers and not properly valued by his friends; that he was a failure, having achieved nothing of importance in his life. Fearful of being alone at night as a child, he would steal into his parents' bedroom from which he was promptly evicted by his father. Through his mother's intervention he was permitted to sleep at the foot of her bed on those occasions when she found him crying in the darkness, standing at the threshold, a pitiful picture of despair. He remembered little else about his mother. Outstanding in his memory were fears of being left on railroad tracks, or in a burning building, or otherwise abandoned. It was nevertheless difficult at first for him to acknowledge his yearning to belong, which he countered by such assertions as, 'I never felt deserted, never abandoned. I never felt lonely. I know that I am fearful, but that's all!'

One day he saw a toy in a window different, he said, from any he had *ever* seen before. With an inexplicable sense of excitement, he bought it for his young son. Father and son played with the toy with fun and fascination because of its *novelty*. The toy turned out to be the very popular pegboard American children know so well. This *jamais* phenomenon was particularly interesting because the patient had reported that often as a child he had been puzzled by the fantasy of a red hole in his mother's arm. The hole was sufficiently large to admit an electric plug or a thick wooden peg. It was not too difficult for him to connect this screen memory with the *jamais vu* of the pegboard, and to advance through its understanding to problems connected with his pessimistic negativism.

The following case shows the *jamais* phenomenon in a loose setting, easily corrected and properly utilized for further understanding. After returning from a vacation, I found one of my anxiety-ridden patients more anxious than I had ever seen him.

He complained about his lack of improvement; that I was not trying to do my best for him, and that I showed no friendly feelings for him. When I asked him how he had felt during my absence, he replied with annoyance: 'I hesitate to tell you, you're imagining things. You've never left me as far as I know!' After further protest accompanied by dawning realization, he exclaimed: 'For heaven's sake. You've just returned from your vacation!'[1]

All of us have experienced *jamais* phenomena from which we recovered without much difficulty. I would also like to refer to its occurrence in many women immediately prior to menstruation *(4)*. One such patient remarked: 'I never recognize my premenstrual symptoms, so I never know when to expect my menstruation. Doctor, would you please tell me when I'll be due again?'

The *déjà* and *jamais* experiences are mechanisms of defense of the ego. Both phenomena appear under normal as well as pathological conditions.

The *déjà* experience is the result of a partial irruption of repressed content which, as in dreams, attaches itself to a current experience. It occurs when '. . . something is really touched on which we have already experienced once before, only we cannot consciously remember it because it has never been conscious' *(1)*. In the *déjà* experience something which had been repressed attempts to enter consciousness and become ego-syntonic. It evokes feelings of surprise and uneasiness at first, which soon give way to sensations of familiarity, of having previously seen, heard, and known by experience the relationship, event, or situation. It bears the attribute of 'affirmation'.

The *jamais* phenomenon, on the other hand, is the result of a rigid warding off of an event torn out of the context of experience. As a result there appears a lacuna in memory, a break

[1] A phobic girl reported that her frequent sexual relations were experienced without any genital sensations. Once she firmly stated: 'No man has ever been inside me; otherwise I would have felt it'.

in continuity, an unawareness of causality and sequence. Confrontation with the *jamais* phenomenon is at first experienced with a sense of bewilderment and alienation, which is re-enforced by the conviction that it never occurred. It is an experience removed from consciousness and hidden in the darkness of the repressed. It has become ego-alien, and the tendency prevails to maintain it in its state of fragmentation. The essential reaction in the *jamais* phenomenon is that of negation. Freud's statement about *déjà* reactions is pertinent to this: 'There is another set of phenomena which may be regarded as their positive counterparts—what are known as *fausse reconnaissance, déjà vu, déjà raconté,* etc., illusions in which we seek to accept something as belonging to our ego, just as in the derealizations [*Entfremdungen*] we are anxious to keep something out of us. . . . they aim at repudiating something, at keeping something away from the ego' *(2)*.

We can assume that, whereas the *déjà* experience has synthesis as its dynamic factor, the dynamic factor in the *jamais* phenomenon—a specialized form of denial—is fragmentation. The latter is a '. . . psychic tendency to keep parts separated, to prevent their unification and integration, even to detach some parts from existing wholes' *(5)*.

Synthesis and fragmentation are normal functions of the mind, the former being nurtured by the sexual, the latter by the aggressive drive. Since aggression permeates all systems of the psyche, fragmentation operates, although with obvious differences, in the id, the ego, and the superego. In the id it is characterized by primitive attributes. As a consequence of progressive neutralization, transforming and binding of the aggressive drive, fragmentation is progressively altered into a higher level of functioning. In accordance with the levels of drive development and maturation of the ego, fragmentation runs through a number of progressions. Both synthesis and fragmentation mature with the maturation of the ego; thus we can speak of synthesis and fragmentation as being 'at their worst' or

in their primary stages, and 'at their best' or in their secondary stages of development.

Through the quality and degree of fragmentation the level of maturation and regression can be recognized. The strength and duration of the *jamais* phenomenon as an expression of fragmentation indicate the level of the regression. Normal and neurotic individuals do not defend their *jamais* experiences with the same vigor and rigid persistence as does the psychotic patient. When the *jamais* phenomenon is implacably maintained and the repressed content rigidly fixed in isolation, the pathology is serious.

It is noteworthy that both the *jamais* and the *déjà* experiences appear not only during waking hours but also in dreams. Freud gives an excellent illustration of *jamais* phenomenon from one of his own dreams. He saw in a recurrent dream a church tower of simple design. He searched his memory in vain to recall such a structure. Ten years later, traveling in Austria, he suddenly found himself face to face with the very tower he believed he had never seen before. He now remembered the church and knew he had seen it many times.

A final instance is reported by Freud of a patient who dreamed of ordering a *Kontuszówka* in a café. The patient was convinced he had never seen or heard that bizarre name. He asked Freud to tell him what it was—if in reality it was anything at all. Informed that it was a well-known Polish liqueur, the patient was incredulous. Later, however, to his great surprise he came to a familiar street corner and saw a conspicuous advertisement for *Kontuszówka (3).*

## SUMMARY

The *déjà* phenomenon is an ego-syntonic experience. The *jamais* phenomenon represents precisely the opposite. The former is affirmative and has the vitality of life; the latter is ego-alien and negative and has the finality and silence of never having happened. In the *déjà* experience something forgotten is helped to enter consciousness; in the *jamais* experience some-

thing is withdrawn from consciousness and kept hidden in the recesses of the forgotten. Both reactions are widely differing mechanisms of defense. Whereas the *déjà* experience has synthesis as its dynamic factor, the dynamic factor in the *jamais* phenomenon is fragmentation.

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# MODIFICATIONS IN CLASSICAL PSYCHOANALYSIS

BY SANDOR LORAND, M. D. (NEW YORK)

Freud's principles of technique derive from clinical observation and remain the basis for analytic therapy. But his theoretical formulations and those of his early co-workers concerning technique and therapy were continuously subject to re-examination. Freud expected improvements in analytic technique and expressed 'the hope that advances in the experience of psychoanalysts will soon lead to agreement upon the most expedient technique . . .' *(9,* p. 333*)*. This problem of correlation of theory and technique has become vital at the present time when new hypotheses, new theories are being proposed. New theoretical orientations call for new technical approaches.

Theoretical orientation undoubtedly influences the clinical approach and technique of the individual analyst. But we find different interpretations of the same phenomenon by different analysts. Variation in technique has its usefulness, but variation from analyst to analyst must be appraised and evaluated with a sound understanding of the theoretical basis for such technical innovations, deviations, or maneuvers.

In 1919 Freud wrote 'we have never been proud of the fullness and finality of our knowledge and our capacity; as at the beginning, we are ready now to admit the incompleteness of our understanding, to learn new things, and to alter our methods in any way that yields better results' *(11,* p. 392*)*.

Though we still observe basic rules and fundamental procedures, therapy and theory change under the impact of continuing scientific contributions. Progress in theory often comes about as a result of therapeutic progress. Technique is still ahead of theory, and one cannot correlate a comprehensive theoretical

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schema. When Freud wrote that the object of psychoanalytic therapy 'is to strengthen the ego' *(10,* p. 111*),* it may have appeared as an admonition to center the interest of therapy on the ego; but Freud actually had a much wider technical and therapeutic point in view. He restated this point in 1937: 'The quantitative factor of instinctual strength in the past opposed the efforts of the patient's ego to defend itself, and now that analysis has been called in to help, that same factor sets a limit to the efficacy of this new attempt. If the instincts are excessively strong the ego fails in its task. . . . we shall achieve our therapeutic purpose only when we can give a greater measure of analytic help to the patient's ego' *(8,* pp. 331-332*).*

And yet, Freud assured us that he did not consider the ego as standing at the top of the hierarchy in importance for psychoanalytic therapy. In the main psychoanalytic therapy consists of analysis of resistance. We deal constantly with the ego, superego, and id resistances.

In a paper on the psychoanalytic therapy of religious devotees *(13),* I pointed out how the therapy focused sharply at periods in analysis on the function of the superego's moral aspects—demands, self-punishments, masochism, and so forth. But side by side with this, the ego problems and id drives were constantly dealt with in the endeavor to strengthen the patient's ego.

The superego concept may be theoretically unclear. Clinically we can understand the early development of superego and ego ideal, and the later moral aspects of the œdipal superego, and we can work with it in clear, defined fashion. But when the analyst tries to force his clinical experience into his theoretical mold, confusion frequently results.

At a meeting in the spring of 1961, the theory of psychoanalytic therapy was examined. One contribution attempted to formulate a theory of the nature of psychoanalytic cure, stressing the relationship between the ego and the superego; the author commented that more than a reconciliation between ego and superego has to occur to result in successful psychoanalysis. According to him, the ego actively invades the superego and ac-

quires a continuing ability to modify it. He stated, 'where superego was, ego should be', paraphrasing Freud's dictum about the relationship of the ego and the id: '... the therapeutic efforts of psychoanalysis have ... for their object ... to strengthen the ego, to make it more independent of the superego, to widen its field of vision, and so to extend its organization that it can take over new portions of the id. Where id was, there shall ego be' *(10,* pp. 111-112*)*.

We agree that the ego should take over areas from the superego where it can handle reality more reasonably, reducing unreasonable autonomy, guilt feelings, and masochism imposed by the superego. But in the view of the author who paraphrased Freud, successful analysis causes the disappearance of the superego, which loses its identity and function. This recalls Alexander's concept of the superego: 'In a fully developed personality the superego has lost its connection with external reality. It is more or less rigid and has sunk to the depth of the personality. It is consequently to a high degree unconscious' *(2,* p. 145*)*. Even earlier, Alexander spoke of the problem of the dissolution of the superego: 'Therapeutic endeavor must be directed against the superego whose prohibitions function automatically.... The dissolution of the superego is and will continue to be the task of all the future psychoanalytic therapy' *(1,* p. 32*)*.

The analyst, whose paper I have been discussing, also had something to say about the changing values arising as a result of therapy. He said that the analyst must remain neutral to such changes. But he had, of course, overlooked the fact that we in effect introduce new values with our therapy right at the beginning of analysis, and that in analysis the patient is expected to and does acquire new values, behavior, and ways of functioning on the basis of his new way of thinking of himself and of evaluating his actions and feelings. Therefore, we cannot and should not avoid analyzing them. On the one hand the speaker emphasized ego analysis as the center of analytic therapy and, on the other, advocated passivity in the face of the emerging new values and ego attitudes.

Therapeutic success cannot be made dependent upon the disappearance of the superego and therefore on making the ego independent. It is true that the superego is a precipitate of the ego, and that the expansion of ego psychology has therefore also clarified the developmental phases of the superego—the early superego ideal and the œdipal phase of the moral superego. But if theoretically the superego is considered absorbed into the model of the ego, nevertheless, clinically we must differentiate, analyze, and integrate ego function and the functions of the superego, delineating its role in creating and maintaining pathological conflicts.

Much has been written in past years on the subject of modification, interference, and variation in psychoanalytic therapy and technique. These papers usually show a certain vacillation and confusion; they try to defend the classical orthodox method but propose that suggested technical variations are not active measures and interferences in the sense of Ferenczi *(6, 7)*. These essays *(3, 4, 15, 16)* refer to various types of manipulation and their use in transference neurosis, to the humanness of the analyst, to his giving love to the patient, etc. As these variations imply active interference on the part of the analyst, they may legitimately be referred to as 'activity' though the very word 'activity' seems to be anathema to these writers. In fact these 'newly discovered' methods are all mentioned by Ferenczi *(5)*, after he had modified and abandoned those of his 'active' rules which were intended to create 'painful' abstinence and had advocated instead a greater adherence to the basic rules and the substitution of 'suggesting' for 'forbidding'. Many seem to have forgotten that it was Ferenczi who first drew our attention to 'forced fantasies'—a term which many of us now use despite its clearly 'active' connotation.

No analyst doubts that exceptional cases need special technical handling, and that we meet very few cases of simple transference neurosis, cases with strong ego and some neurotic difficulty —e.g., slight unhappiness where steady interpretation and adherence to basic rules bring about good therapeutic results.

In some cases activity may be at a minimum, but in others—e.g., character difficulties and infantile patterns of behavior, borderline cases—analysis may stagnate or break down entirely unless active interference is used. The question is not whether to maintain absolutely strict neutrality but rather to what degree one should be neutral. What we have to consider, then, is how much activity there should be on the part of the analyst and at what stage of analysis. For example, at the end of therapy the analyst will often have something more to say than just interpreting why the patient wants to leave or why he is not yet ready to leave; even if he does no more than interpret the patient's reasons for leaving, this may involve active interference in the patient's decision. The patient often will be told not to make any important decisions, whereas the analyst himself makes the most important decisions affecting the patient and the entire course of analysis without previously discussing at any length the intended change.

Glover deals with some of these questions in his latest book on technique *(12,* p. 341*)* and his remarks on the whole problem of activity are very illuminating and instructive. He calls 'complete neutrality' something of a myth, and questions whether even the generally accepted rule of not making 'important decisions' is desirable.

All of us accept the fact that we do not analyze in the same way, and that within the basic framework of established methods we alter our technical approaches on the basis of indications for such technical handling of the patient, and because of experience. Teachers of the techniques of psychoanalytic therapy should emphasize these technical possibilities in clinical conferences and supervisory work. It is all well and good to tell students that if they do not know what to do, be silent, but the student must not come to think of variations in technique as a result solely of the analyst's personality, governed only by his intuition. As things are now, candidates in analytic training are generally surprised when the theoretical basis for active measures on the part of the analyst is pointed out to them. We know, for example, that Ferenczi advocated seeing the patient in his

own home in certain circumstances in order not to interrupt the course of the analysis; we know also that others have done and still do this either as an experiment of their own or following Ferenczi. Students should not be left to evaluate such techniques on their own, but rather must be shown the basic principles underlying them so that they do not rely merely on intuition.

Full discussion and airing of the problem is of importance not only for the sake of clarifying the theoretical principles involved, but more in order to eliminate the current vacillation in the teaching of technique. We all expect our patients to adhere to the basic rules of therapy, but we know that we cannot expect absolute obedience to these rules all through an analysis; a forbidding attitude and active interference in the case of every infraction gives no credit to the patient's ego functions.

At the present state of knowledge about technique we cannot say definitely what is right and what is wrong. Many analysts seem thoroughly convinced on correct procedure, believing everything else to be utterly mistaken. Of course, the 'correct procedure' is often that which was used by their own analysts.

There is ample room in our analytic work for technical intervention. It is rare for an analysis to be completed without the analyst's interfering at some time with the patient's acting out. Some analysts will not even start analysis of a homosexual or drug addict unless they try to stop such activities at the beginning of therapy. Those who follow the classical line make use of many variations in technique and at times change their attitudes toward their patients and the so-called basic problems. They will not refrain in certain circumstances from directing their patients. They talk of manipulating the transference and of 'dosing' the interpretations, or of intervening in an extra-analytic way, such as making financial arrangements or living arrangements. All these so-called 'active' methods are utilized in stages of resistance where analysis stagnates, or in situations where the standard technical methods are of little help. Close examination of cases with unsatisfactory results often suggests the analyst's judgment may have been at fault.

Although we should constantly emphasize the importance of

neutrality and of adhering to basic rules, we must also make clear to candidates that situations arise during analysis when experienced analysts set aside basic rules and interfere actively in order to further therapy. The candidate will learn to formulate his own methods within the framework of classical psychoanalytic technique, and also how to use variations in technique when necessary to further therapeutic progress.

Even if the analyst avoids active measures and restricts himself to interpretation, his own attitudes, his personality, and the way he feels about the patient and the material will come through.

Timing is an important factor in the therapeutic process. 'Dosing' interpretations is a technique of manipulating the transference relation that may be necessary in the course of treatment. During certain phases of analysis, the patient's emotional involvement with the analyst may have to be kept in check to prevent a revival of early childhood conflicts and emotions before the patient is able to tolerate them. Or again, the patient's defense against reviving early traumatic experiences may be so strong that he has to be helped to face their re-emergence. Though the therapist may take on the role of a 'mediator', he will have difficulty in certain situations resolving the confusions between the influences of the past and the present problems; and here the analyst's attitude to present problems and new values acquired as the result of therapy will certainly have a role in shaping the transference relation. Sometimes the role the patient imposes on the analyst may be difficult to handle, even when the patient is aware of the unreal expectations derived from childhood.

Active interference sometimes may be carried too far as a result of the analyst's intolerance of the patient's acting out in the analytic session. For example, a female patient brought up in one session some quite unpleasant material which referred to a particularly painful situation in the analyst's personal life. When the patient talked about it the intention of acting out aggressive feelings, the attempt to annoy the analyst, was quite obvious. The analyst stopped her with the remark that he did not want

to listen to or discuss it, and if the patient insisted on repeating it, the analysis would have to be stopped. The analyst's threatening termination of analysis naturally had to be corrected through understanding his countertransference reaction which had made him impatient and impulsive.

Another candidate discussed the problem of his patient's constant preoccupation with anti-Semitism. The patient had been reared in the South and had always classified Jews, Italians, and Negroes in the same category. His interest in the anti-Semitic problem meant criticism of the analyst, and also of analysis itself which he considered a Jewish science. After a period during which this issue was repeatedly brought up, the analyst forbade the patient to mention the subject again. In this case the analyst was also reacting impulsively, and the analysis came to a standstill. However, after a period the situation was corrected by the analyst, and the patient resumed work with much less anxiety.

Another patient with an aggressive character made fun of the analyst, imitating his speech and mannerisms. The patient attended an evening affair where he saw his analyst and observed his manner of talking, eating, etc. The patient's descriptions of the affair and his imitations of the analyst annoyed the therapist, just as the patient had hoped it would. The analyst tried to interpret the patient's reaction, showing him how much it had to do with the revival of his early repressed fears of criticism by authorities, parents, teachers, etc. However, the patient continued his sarcasm and criticism. Finally the analyst announced: 'You cannot talk to me this way. This is a way of behavior that I won't tolerate.'

In the examples cited the patients' acting out and their abreacting of inner tensions were connected with and reflected early repressions. But they put emotional strains on the analysts. One of my patients, a young woman, spent many months in analysis attacking, screaming, crying, and fighting. At the same time she was very dependent upon me; she expected, even demanded, that I think and act for her. Childish in her behavior, she required constant confrontation of infantile rela-

tionships and the present situation to make her coöperative and willing to accept adult responsibilities and a more realistic relationship in the analytic situation.

Winnicott writes: 'Acting out has to be tolerated in this sort of work, and with the acting out in the analytical hour the analyst will find it necessary to play a part, although usually in token form. There is nothing more surprising both to the patient and to the analyst than the revelations that occur in these moments of acting out. The actual acting out in the analysis is only the beginning, however, and there must always follow a putting into words of the new bit of understanding' *(18,* p. 289*)*. He calls attention especially to problems of managing the patient with strong tendencies to act out and to techniques of providing in the analytic environment opportunity for the strengthening and growing of the 'repressed ego'.

In tolerating the patient's extreme outbursts of crying, agitation, screaming, or prolonged silence, the analyst sometimes has to play the part of the good parental image. Naturally, whatever is acted out must then be interpreted and expressed in words.

In an earlier paper *(14)*, I discussed the countertransference problems of a number of candidates in training who tried all kinds of manipulation intuitively—active interference and silence—when they did not know what to do. Too often silence brought out their counterfeelings toward their patients. Naturally the analyst learns in the course of treating various types of patients that certain manipulations sometimes do not bring the desired results; in fact, they may even counteract his therapeutic aims. However, being aware of this possibility, the experienced analyst will be the better equipped to deal with the situation.

Above all, we must remember that the use of active techniques does not mean that the analysis is not classical. Without repeating the historical facts about Freud's own technique of interference—for example, that of advising certain patients, during specific stages of treatment, to expose themselves to situations connected with their phobias—and without reviewing Ferenczi's active measures, it is clear today that technique is

quite different from that of earlier periods of analysis. I certainly would not consider it a breach of classical procedure if, for example, I intended to clarify a situation by indicating the possibility of alternative actions. For instance, a young woman progressing well in her analysis was nevertheless somewhat afraid of company, of being exposed, and of being criticized. During these times she would be shy and silent. Then she was invited to visit out of town for a weekend; she discussed it at length and all the possibilities were interpreted: why she would or would not want to go, what would happen if she did or did not go, and so forth. Finally, I offered her the following suggestion: 'Suppose you do go and you feel that you are uncomfortable, or you feel panicky, what will happen? You can always take a train and come back.' The patient followed this suggestion. As it happened, she had a very pleasant time and it gave her a new experience, being exposed to and tolerating the difficulties without running away from them. Nor is this a unique example. I am sure other analysts have done this also, without considering it active interference.

There are cases where interference is even more clearly necessary. One such patient was silent at certain times but hyperactive at other times—acting out, singing, or falling asleep during the analytic hour. One would think that analysis in such a case would hardly be possible since this resistance was really a defense against analysis. As he put it, he wanted to find me out, to analyze me and my reactions, to see whether I would give him up, and whether I would be the weaker one in the battle. His songs for him were magic, recreating the early childhood situations when his mother or nurse sang him to sleep and protected him from the world. Real life became more and more meaningless to him. Although he was very intelligent and intuitive, his sense of reality was submerged. Constant interpretation did not help; he made fun of it. In addition, he began to act out more and more outside of analysis; if continued, his behavior would threaten his business and marital life. Only by understanding and constant exploration of his ego defense against reality func-

tioning, in addition to constant focusing on his physical symptoms (which he aggravated against the advice of his medical doctor), was it possible to bring him to some insight of his behavior. I had to spend a long time in analysis suggesting and re-educating, which is necessary in certain character cases and in cases of infantile personality structure, and which always involves active technique.

Today we tend to treat what would have formerly been considered unapproachable cases, which leads us to deeper insight into the therapeutic process and adds to our armamentarium.

Ernest Rappaport *(17)* writes about the therapy of borderline cases with weak ego or ego deformity, and describes an approach to treating such patients from the initial stages to the time when real analysis begins, which he calls 'preparation for analysis'. The cases described by Rappaport indicate how much the theory of technical proceedings and handling has to be reoriented from what was considered the classical technique of psychoanalysis. With such weak, unyielding patients, who show a deep regression, the basic problem in the beginning stages, as Rappaport emphasizes, is the struggle to maintain the patient's relationship with the therapist and a degree of ego strength. The problem is to preserve the ego instead of creating with the therapeutic interference itself a still deeper regression.

The first step in Rappaport's approach was to give some support directly to the patient so that he was able to tolerate and cope with current conflicts. Rappaport did not attempt any reconstruction or interpretation, but limited himself to strengthening the patient's ego through guidance of his everyday contacts and life. In this way he was able to reduce the rigidity of the patient's dependence and resistance before starting with regular analytic procedure. Naturally this involves manipulation and the type of management Winnicott *(18)* drew attention to in his cases that were threatened by problems of regression in the therapeutic situation.

Glover has written about 'the policy' of ego strengthening and its relationship to the type of manipulation Rappaport

mentions. He states: '... it should therefore be our object to reenforce those parts of the ego which are less affected by guilt processes and through which the patient's capacity for positive contact can be increased. The same policy should be followed when encouraging the patient to make decisions regarding his life and work which owing to a feeling of inertia he is unable to make himself.... Naturally, these maneuvers are adopted only when it is clear that... our attitude or advisory interference will not be construed as a hostile or reproachful gesture' *(12)*.

Deviation from regular procedures may be based on the personality and temperament of the analyst and yet achieve a degree of success, but we need to keep in mind that deviation from classical technique should not be based on the analyst's personality and temperament alone. Obviously they may stem from the analyst's countertransference, but when this is too excessive results are invariably bad. What is going on in a given case must be understood apart from personal, subjective feelings in the matter. Tactful application of active measures always derives from the analyst's objectivity and understanding, and indicates his real empathy with his patient.

Above all we should keep in mind that Freud claims the name 'psychoanalysis' for a form of therapy which does not involve manipulating the patient deliberately; and we should remember his warning about the importance of the effects of an analyst's imperfections on the course of therapy—especially the dangers of manipulations of the analysis arising solely out of the analyst's countertransference.

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# SOCIOPOLITICAL FUNCTIONS OF THE ŒDIPUS MYTH IN EARLY GREECE

BY GEORGE DEVEREUX, PH.D. (NEW YORK)

The psychoanalytic study of social and cultural phenomena seeks to translate subjective, unconscious, psychological processes into objective, sociocultural data. This problem was first broached by psychoanalysts primarily in terms of paleopsychological speculations regarding the origins of culture, relatively little information being then available regarding concrete examples of the manner in which—under pressures of stress—unconscious conglomerates of impulses and fantasies are transformed into myths or customs.

As the œdipal myth is, from the psychoanalytic point of view, the nuclear example of this transformation of a subjective complex into a cultural phenomenon, it is proposed to discuss the probability that this myth—as distinct from the œdipus complex—may have been evolved in response to certain sociopolitical stresses resulting from the ultimately successful pressure of the Sky-God-worshiping Hellenic invaders to impose patrilineal descent and patrilineal inheritance laws and practices upon the but half-conquered, Earth-Goddess-worshiping, matrilineal, pre-Hellenic inhabitants of Greece.

It is, of course, clearly understood that the œdipus complex is a universal, developmental human phenomenon, wholly independent, in all its essential aspects, of the specific nature of the society and culture into which an individual is born. It is unnecessary to appeal to highly speculative paleopsychological arguments to provide a biological basis for the œdipus complex, since there exists an observable biological fact, which readily explains the universality of the œdipus complex in man, and only in man *(5)*.

The human female is unique in being sexually receptive even during pregnancy and lactation. She is therefore hormonally

and psychologically the only female capable of experiencing simultaneously both sexual and maternal emotions. It has been shown elsewhere—both by analysis of the Œdipus myth *(2)* and by clinical data fully confirming my interpretation of it *(9)*—that it is most efficient and economical to derive the œdipus complex from parental counterœdipal impulses. The simultaneous presence of sexual and maternal attitudes in the human female entirely suffices to explain why the œdipus complex is a universal and, indeed, a species-characteristic complex of mankind only. Freud stated that it is the pivot of man's differentiation from animals and of the development of the human psyche and of human culture *(11)* which, as I have shown, must be viewed as coemergents *(3)*.

This conception of the œdipus complex fully dovetails with Lowie's *(15)* cogent argument, that apes cannot possibly commit incest, because kinship is a psychocultural concept that has no meaning for the ape. The biological fact that a given female happens to be his mother, daughter, or sister has no psychic significance for the ape and therefore no motivational force for the male ape who finds himself in the presence of his sexually receptive mother, daughter, or sister; hence, it can neither impel him to reject 'virtuously' nor seek 'neurotically' or 'criminally' sexual cohabitation with his female relatives.

The demonstration that the genesis of the Œdipus myth—as distinct from the œdipus complex—had certain sociopolitical determinants in ancient Greek society therefore strengthens, rather than weakens, the freudian position regarding this complex and its nuclear importance in human psychology. What we propose to discuss here are simply the factors which cause a subjective (and partly unconscious) psychic constellation of impulses and fantasies to erupt into consciousness, and—as a defense against this return of the repressed—to become depersonalized and incorporated into culture, by the transformation of subjective fantasies, for which one has a personal feeling of responsibility, into a culturally sanctioned myth for which one does not feel responsible *(6, 7)*.

## THE SOCIOPOLITICAL SETTING

Despite wide divergences in the appraisal of details, many classical scholars affirm that the principal problem confronting the Hellenic invaders of Greece was the incompatibility of the Earth-Goddess-worshiping, matrilineal culture pattern of the pre-Hellenic inhabitants of Greece with the Sky-God-worshiping, patrilineal culture pattern of the conquerors.

Considerable effort was required to syncretize the female deities of the pre-Hellenic people with the male deities of the Hellenes; to define the relationship between them; and to impose the view that the ancient local goddess Hera, for example, in marrying the invading Sky-God Zeus became subject to his authority according to the Hellenic pattern, instead of retaining her hegemony which, according to the ancient local pattern, mother-goddesses exercised over their boy-son lovers, who were designated by the term *paredros*. It is permissible to speculate that the innumerable references in Homer and in many other sources to constant bickerings between Hera and Zeus may represent remote echoes of this forcible blending of two pantheons. An even more striking echo of this struggle for power between Zeus and Hera is the birth of Athena and, to a lesser extent, that of Dionysus, and of Typhon and Hephaestus.

In various versions of the myth we find that Zeus and Hera entered into a contest of parthenogenetic parenthood. Hera managed to give birth parthenogenetically to Typhon and, perhaps, also to Hephaestus, after being angered by Zeus's giving birth to Athena. Regarding Athena's birth, two versions exist. In one, Zeus causes Metis to become pregnant with Athena, and then either swallows the pregnant Metis, or else transfers the already conceived Athena into his own belly. In another version Athena is born, clad in full armor, from the head of Zeus. A less specific pregnancy and birth is exemplified by the myth of Dionysus. After killing his pregnant mistress, Semele, Zeus rescues his unborn son, Dionysus, by slitting open his own thigh and placing the fœtus into this substitute womb. Surely a

male god would not have 'demeaned' himself to the point of seeking to become a mother had the absolute supremacy of male over female been fully established at the time this myth came into being.[1] It is an important fact that Athena—originally herself a local pre-Hellenic goddess—subsequently becomes an obedient tool of her father Zeus's will.

The struggle for supremacy between male and female deities swayed back and forth for a long time. According to one etymology, the name, Poseidon, simply means Husband of the Lady, suggesting that Poseidon was not granted at once supremacy over his spouse.

On the human level, the conflict assumed its most acute forms in connection with the transmission of royal powers. Graves' extreme views apart *(12)*, the findings of conservative classical scholars suggest that in pre-Hellenic Greece kingship was not inherited by the king's son, but by the one who at specified intervals ritually killed the current king and married the queen. In the transitional period there appear to have been instances—such as the violent death of Oenomaus when his daughter married Pelops—where the successor was the man who killed the king and married his daughter.

A lingering echo of this tradition is found in the Odyssey. Although Odysseus was a just, well-established, and beloved king, not without great difficulties was he able to bring his bride Penelope to his own kingdom of Ithaca, instead of assuming a matrilocal residence as did so many of the early kings. His son, Telemachus, found it quite impossible to enlist the support of the Ithacans against the suitors who sought to become the heirs of Odysseus by marrying his supposed widow, Penelope. This lack of support for Telemachus' claim can only be viewed as the result of a still altogether insufficient acceptance of the principle of patrilineal succession to the throne. This simple fact is partly obscured by the many references in

[1] One is reminded in this context of such primitive practices as the couvade *(16)*, and of Róheim's analysis of the Australian 'father-with-a-vagina' complex *(17)*.

the Odyssey to the number and power of the suitors and by its description of Telemachus as weak, young, and like Hamlet in his vacillations *(14, 8)*. Paradoxically, Telemachus' sole support is the originally pre-Hellenic goddess Athena, now a faithful adherent of the new system. She lends her assistance to Telemachus in his claim to kingship by right of patrilineal inheritance. This supports the interpretation that Telemachus' practical difficulties are rooted in the conflict between two traditional modes of inheritance. Indeed, although Telemachus' claim is based on the patrilineal principle, he seeks to obtain sovereignty with the help of a pre-Hellenic goddess, Athena. To restate this important distinction, his abstract claim is based on the principle of patriliny; his method of seeking to gain his inheritance is, however, related to the ancient principle of kingship acquired with the help of, and in a manner agreeable to a goddess. This distinction is crucial. A correct interpretation of the social function of the Œdipus myth necessitates that a distinction be made between the principle in terms of which inheritance is claimed, and the accepted means for gaining possession of it.

## THE SUCCESSION OF ŒDIPUS TO THE THRONE

The crucially relevant episode of the Œdipus myth is that Œdipus does inherit his kingship from his father in accordance with the Hellenic principle of patrilineal succession, but gains possession of it in accordance with a pre-Hellenic ritual: he kills a king who is his father, and marries a queen who is his mother. Anthropologically, the accession of Œdipus to the kingship by means of a traditional rite, whose ideological basis is already in jeopardy or even obsolete, accords with the principle that rituals often outlive their ideological basis and are placed in the service of a new ideology.[2]

Curiously enough, echoes of this duality are found in the lost sequel to the Odyssey, which reports that Odysseus was

[2] A familiar example is the rite of the Christmas tree. It is one of the many pagan rituals incorporated into Christian practice.

eventually killed by Telegonus, his son by Circe, whereupon Telegonus, together with Penelope and Telemachus, goes to the island of Odysseus' erstwhile paramour, Circe, where Telemachus marries Circe while Circe's son marries Penelope *(18)*!

These observations help view the tragic majesty of the Œdipus myth as the product of an attempt to syncretize patrilineal principles of inheritance with matrilineal techniques of gaining possession of the inheritance. It clarifies the sociopolitical function of the Œdipus myth in the transition from pre-Hellenic to Hellenic society. Thus, the Œdipus myth, even though it arouses an Aristotelian 'horror and pity', is, in the last resort, also a 'cautionary tale' of immense proportions and scope. Some champions of the old system seem to say: 'You wish the kingship to be inherited by the king's son? Very well then! Since only the old, matrilineally oriented ritual of accession validates kingship, you must anticipate and accept the slaying of the father by the son and the subsequent marriage of the son with his mother. That is what Œdipus did. Behold the consequences!'

The thesis that the Œdipus myth has a major political significance is supported by the myth of Theseus. Like Œdipus, he was exposed to death, albeit for the public weal: he was sent to Crete, as part of Athens' tribute to Minos. Having seduced Ariadne, the daughter of Minos, he killed the monstrous Minotaur with her help. On his return to Athens, he 'forgot' to hoist the white sail, which was to have signaled to his royal father his safe return, whereupon the king committed suicide, thereby 'accidentally' vacating the kingship for his son.

In this myth, marriage between mother and son is transposed to the next generation. Theseus' wife, Phaedra, falls in love with Theseus' bastard son, Hippolytus, who rejects her advances, because, being a devotee of chaste Artemis, he is presumably impotent, as Phoenix became impotent after committing incest with his father's favorite concubine *(4)*. The frustrated Phaedra thereupon hangs herself, after falsely accusing Hippolytus of having raped her: Jocasta, it may be recalled, hanged herself after truthfully accusing Œdipus of having

married her or, according to an earlier version, of having also raped her as soon as he had killed Laius in combat *(2)*. The deceived Theseus curses his son who, as a result, is killed under dramatic circumstances.

These parallels are not mere coincidences. Theseus plays a crucial role in establishing the supremacy of the male in Hellenic Greece. He accomplished this mainly by his daring convocation of the Athenian Areopagus which absolved Orestes of the crime of matricide and freed him from persecution by the pursuing Erinyes—a judgment which established, once and for all, that a son was more closely related to his father than to his mother. This celebrated deed tends to obscure the fact that, in befriending the blind and homeless Œdipus, in providing him with a retreat at Colonus, and in giving him a hero's burial, Theseus also broke another lance on behalf of the new system of patriliny. He gave protection and honor to the man who acceded to his father's kingship in accordance with the new law of patrilineal inheritance, albeit by means of the ancient ritual of killing the king and marrying the queen.

Another notable parallel is that, having become kings 'accidentally' by causing the death of their respective fathers, Œdipus and Theseus both established dynasties which rapidly went down in chaos. The struggle for Œdipus' succession led to the War of the Seven, and then to the War of the Epigoni against Thebes. Theseus' direct succession, too, ended in chaos in the very next generation, power being wrested from his sons by his distant nephew, Menestheus. These aftermaths of the 'irregular' manner in which both Œdipus and Theseus succeeded their fathers—comparable to the troubles of Telemachus—show that the old system was reluctant to relinquish its hold on the imagination of the people. Homer side-stepped the issue simply by bringing back Odysseus, thereby leaving the rule of succession in Ithaca undecided. The Telegonia also leaves the problem undecided as regards Ithaca, but clearly returns to the ancient system in Circe's country by having Odysseus' two sons marry their respective stepmothers. The myths of Œdipus and of

Theseus bring the issue to a head, and seemingly resolve it in favor of patriliny, though the new system leads to chaos in the very next generation. The case of Phoenix is even more extreme. He commits incest with his stepmother and becomes impotent; hence, the problem of his founding a patrilineal dynasty does not even arise *(4)*.

A few words should be said here about the concept of hero in ancient Greece. First, nearly all the cities made famous by the deeds of heroes were pre-Hellenic settlements. They were the cities where the struggles between the conquered pre-Hellenic population and the conquering Hellenes took place *(10)*. Second, the conduct of most of the mythical heroes was anything but virtuous. Now, broadly speaking, even though all heroes were guilty of countless crimes by ordinary standards, the Greeks tended to differentiate between primarily meritorious heroes such as Œdipus, Theseus, Herakles, etc., and truly villainous heroes, such as Aegisthus (slayer of Agamemnon and paramour of Clytemnestra), Salmoneus, Tantalus, etc. This distinction would be understandable and transparent enough, were it not for two curious facts, cogently highlighted by Harrison *(13)*. The first is that, according to Greek belief, the worship of heroes did not necessarily involve the expectation of receiving positive benefits from the sacrifices offered them. Some of these sacrifices were perhaps more in the nature of bribes to induce the heroes to refrain from harming the donors. This attitude is not unique. The sacrifices offered by the Sedang Moi of Indochina to the Thundergods are, likewise, solely intended to avert harm, and not as inducements to grant benefits *(1)*; moreover, as Angelo Brelich, Professor of the History of Religions in the University of Rome, kindly pointed out to the author, sacrifices to the Olympians were afterwards partly eaten, because one may share sacrifices with the living gods, whereas those offered to the heroes of the past and to chthonian deities were entirely given over to the flames because one may not share a banquet with the dead. In other words, both 'good' and

villainous heroes were dangerous. Often the sole benefit one derived from their cult was that they could be induced not to cause harm.

The most perplexing problem, however, is one specifically analyzed by Harrison *(13)*. The paradoxical epithet, 'blameless', is apparently given only to villainous heroes like Aegisthus or Salmoneus. According to Harrison, this curious epithet underscores the fact that the villainous heroes were not simply antisocial. Their deeds were largely motivated by their adherence to the ancient, pre-Hellenic ways. Unlike the 'heroic' heroes, they are the heroes of the conquered. They are held in qualified admiration by the conquerors, somewhat in the manner in which, in contemporary America, the Indian 'villains' of the nineteenth century—Geronimo the Apache, Sitting Bull the Sioux—have become heroes of American history. Oral tradition and imagination—even in Hollywood—after decades of heroic-cowboy versus wicked-Indian plots, is beginning to turn out westerns in which the roles are reversed.

All these elements and many others suggest that the great crisis of Greek society—far exceeding in importance the Trojan War, the Persian Wars, and the Peloponnesian War—was the struggle for the supremacy of the patrilineal system over the matrilineal, which led to the attempt to blend the two cultures into a functional whole. One decisive element in this syncretistic conflict is the emergence of the Œdipus myth as a traditional cautionary legend, or as a conservative political manifesto, which played an important role in the gradual shaping of the Homeric Greek state.

These findings do not call for a modification, or for a so-called neofreudian 'culturalization' of the œdipus complex. On the contrary, they illuminate the tremendous role which the œdipus complex in its classical form plays in all human affairs, be they subjective or sociocultural. No realistic conception of man as a phenomenon *sui generis* is possible without assigning a nuclear position to the œdipus complex in social science as well as in psychology.

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# NOTES ON NEGATION, AFFIRMATION, AND MAGICAL THINKING

BY ARYEH FEIGENBAUM, M.D. (JERUSALEM, ISRAEL)

In a former essay *(4)* I tried to defend two theses with regard to the linguistic origin of verbal negation and affirmation by determining the origin of their verbal utterance in adult speech in a goodly number of languages, and by tracing negation to the earliest sounds produced by the infant while taking the breast; namely, the labial sounds *m*, *b*, and *p*, and the nasal sound *n*. The origin of the phenomena found in expressions of consent and refusal were traced to a primary biological function dominant during the oral-libidinal phase—the opening and closing of the mouth. These acts express in the first case a readiness to receive food and a kind of contentedness, which psychologically would represent affirmation and in the latter case aversion and a kind of defense which would be negation. This agreed with Freud's formula based on the pleasure principle: 'It is to be *inside* me' or 'It is to be *outside* me', respectively.

Though evidence for the supposition about opening and closing the mouth will be somewhat supplemented in the following, this alone would not justify the present communication if it were not for amplification and proper elucidation of the second thesis. The latter referred to the fact, remarkable from the psychological point of view, that in a number of widely separated and unrelated languages, negative particles or particles nearly related to negation in the particular language are often used to mark or to introduce a question, a doubt, or a conditional statement. Weighty evidence was adduced to this effect, which seemed to show the psychologically negative quality appertaining to utter-

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In memory of Dorian Feigenbaum, on the seventy-fifth anniversary of his birth (19th May, 1962).

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ances of this kind. But, except for the assertion that there are linguistic indications that manifestations of negation toward the outside world are among the most archaic of human psychological categories, and that a certain negativism is a primary normal attitude (which, though correct to a certain degree, does not touch the core of the question), no proper explanation was given for these and related linguistic indications. This then is the main purpose of the present article. The hope expressed in the first publication is maintained: that the material under discussion will some day be dealt with on a larger scale by more competent experts.[1]

## I

Some general reflections about the nature of language and its relation to psychology may serve as an introduction. A well-founded supposition in modern linguistics should be borne in mind, that evolution and growth of language, of *each* language, is from the awkward and complicated to the simple, and not inversely from the simple to the complicated. The latter view is frequently suggested by those who fallaciously try to derive the origin of human language from the way children imitatively acquire a language from persons around them. From significant indications, one must imagine that the starting point for human speech during a prolonged period was necessarily the emotional cry inherited from man's animal ancestry, possibly some kind of singsong that accompanied moments of joy (love-making, etc.). Most of the clarification and simplification within the verbal intercommunication was dependent on the use of verbal symbols (coupled with gestures). Primitive and archaic indeed,

[1] Being at the moment in a similar precarious position, the writer may quote Freud's introductory words to Chapter III of *Totem and Taboo:* 'Writings that seek to apply the findings of psychoanalysis to topics in the field of the mental sciences have the inevitable defect of offering too little to readers of both classes. Such writings can only be in the nature of an instigation: they put before the specialist certain suggestions for him to take into account in his own work' (*10*, p. 75).

the most essential part of the process must have taken place during the remote early infancy of the human race—followed, of course, for an inestimable period by immense growth. The quantitative share of this early prehistorical phylogeny, *mutatis mutandis*, might be compared to the total amount of experience gathered during an individual's first three years, enormous in proportion to the experiences during the rest of his life.

In a fascinating booklet, Hans Sperber *(27)* tried to show the role of emotion in bringing about the changes which every language undergoes in the course of time. The author distinguishes between two main aspects of primal language: 1, the expression of individual emotion, and 2, its use as a medium of intercommunication. 'Formation of language was preceded by a stage in which the human being was able to utter sounds [cries] but used this faculty only to give vent to excitement.' In the interest of communication these sounds gradually became articulated. In this continual process of change—the dynamic struggle between emotional expression and speech that served communication—the tendency to compromise must have necessarily produced a series of peculiar lingual manifestations which reflect the conflict between the two components. In time, however, the emotional component becomes less and less pronounced. It is recognized that the gradual change in language affects not only the names of objects and activities that appear in a sentence but also its syntactical structure.

Phylogenetically then the development of language takes its course under many powerful factors and consists in amassing verbal utterances, adapting them gradually to communication, after which there is a sort of simplification with increasing accuracy of expression. In historical times the most important changes and progressive strides made in this direction in civilized languages can be retraced by the inductive method, based especially on the 'backward' consideration of the history of language, the most fruitful source of information. This is the original contribution of Otto Jespersen toward the elucidation of the nature, development, and growth of language, which is an addi-

tion to the methodical study of the language of children and of primitive races.[2]

In historical times this simplification can be shown, for example, in the gradual disappearance of the dual number form of noun, pronoun, and verb, in the disappearance of complicated tenses and reduplication (which had served to strengthen the expression or to form 'frequentative' or 'desiderative' verbs), and, what interests us here in particular, in the disappearance from language of multiplicity of negation, especially of the particle that serves for the expression of prohibition. The prohibitive negation *mē* no longer exists in modern Greek. In Latin the prohibitive *nē* also gradually disappeared, entirely so from all Romance languages. The unemphatic *nĕ* in French is used only in conjunction with other words of Latin derivation, like *nĕ . . . pas, nĕ . . . rien, nĕ . . . point,* etc. In comparison to Biblical Hebrew (earliest times to 200 B.C.) which contains about six particles of negation (*ma, im, bal, al, lo, ayn*), the Hebrew of the Mishnah (about 300 B.C.–300 A.D.) has only three (*lo, al,* and *ayn*); the remaining ones (*ma, im* [in oaths], and *bal*) even in Biblical times were negations in poetry only.

Unquestionably, a source of imprecision in primitive speech is the ambiguity caused by human ambivalence. Its vestiges, as we have seen (*4*, pp. 243-258), are abundant in all languages, a point to which we shall return later.

In a discussion about the relevance of depth psychology to linguistics it is impossible not to quote Freud's remarks about philology (*7*, pp. 165-178). He shows why this branch of science should be able to help psychoanalysis and by implication how vice versa psychoanalysis could help linguistics. He calls attention to the common features of early (archaic) phases of lin-

[2] *Cf.*, Jespersen's beautiful summing up at the end of his book: 'Language, then, began with half-musical unanalyzed expressions for individual beings and solitary events. Languages composed of, and evolved from, such words and quasisentences are clumsy and insufficient instruments of thought, being intricate, capricious, and difficult. But from the beginning the tendency has been one of progress, slow and fitful progress, but still progress toward greater and greater clearness, regularity and pliancy. No one language has arrived at perfection' (*17*).

guistic development and the equally archaic language of the unconscious. The first instance is the ambiguity of the various elements of dreams which are paralleled in the ancient system of pictorial writing. 'In dreams', he says, 'it is above all the sexual organs and sexual activities which are represented symbolically instead of directly. A philologist, Hans Sperber [*28*], of Uppsala, has only recently (1912) attempted to prove that words which originally represented sexual activities have, on the basis of analogies of this kind, undergone an extraordinarily far-reaching change in their meaning' (p. 177). Especially interesting here is another remark in Freud's paper which has a bearing on the attempt at elucidating the origin and meaning of certain syntactical usages. He refers to the curiously elliptical mode of thought in dreams as well as in ancient systems of pictographic script where connecting links are omitted. In both domains these must be supplied from the context in decipherment of the elements. And it may be added, this approach, derived from psychoanalysis, enables us today to unearth the hidden meanings and motives which have partly or altogether lost their emotional origin in phrases and syntactical usages in more modern and even living languages.

In linguistics, of which the modern period began some one hundred fifty years ago, there have always been judicious men who recognized that language and psychology are thoroughly intertwined. But even today when semantics is fashionable, i.e., language in its broadest aspect, the spoken, written, gestural, and symbolic, the contribution that psychoanalysis has made and is still making toward its exploration is not sufficiently appreciated, sometimes even not 'recognized', naturally to the detriment of a proper understanding. A scholarly work by W. Havers *(15)* deals with empirical research of language and undertakes 'to describe the facts empirically and to explain them through detection of the conditions and driving factors'. In spite of the rich factual material collected, a mine of wealth in the domain of psychopathology of speech and writing, stylistic and syntactical aberrations, Havers does not use true psycho-

logical reasons, nor explain why and how the anomalies which are encountered in speech and writing occur. He is content to list and describe them and to give shallow formal explanations[3] —in short, he unfortunately 'is not endowed with the fine hearing for unconscious processes'*(25)*.

The so-called 'emotional abundance' *(12,* p. 375*)* in speech manifests itself in heaping synonyms. All kinds of grammatical mistakes are made because of a 'tendency to emotional discharge'. 'Not concerned with the rules of logic, negation frequently hastens toward lingual expression, and owing to the so-called "emotional power of negation" [*29,* p. 69][4] it presses

[3] Havers agrees with Weimer, for whom the main feature of the parapraxis in speech is the (incomplete) breakdown of 'the three principal functions, attention, memory and thinking . . .' *(15,* p. 56). He quotes Wechssler 'who years ago found the right formula for slips of the tongue: "The speaker does not need . . . to turn his attention . . . to what he is going to reproduce; he speaks . . . *without noticing* what and how he is speaking; and it has to be welcomed, if latterly preference is given to the expression 'unnoticed' over the unfortunate 'unconscious' . . ."'. The source for *unnoticed, Zur Grundlegung der Sprachwissenschaft* by E. O. Otto, is given on page 222. The only quotation that I found from Freud's Psychopathology of Everyday Life is inaccurate and flattened for the author's purpose (p. 75). Amman is cited (p. 224): 'In each sentence spoken actually by man to man one has to keep distinct what [the sentence] purports in itself and what the speaker intends to say thereby to the listener'. And Fr. Polle (*Was denkt das Volk über die Sprache?* Third edition. Leipzig: O. Weise, 1904) produces documentary evidence for the fact how often 'even careful writers say not only something different from what they intend to say but . . . exactly the opposite . . . and it is *frequently the negation* [italics mine] that plays one the nasty trick'. 'Negations are everywhere an essential part of speech of which the etymology frequently goes back to primitive interjection of disgust, and the logical character they carry in civilized languages, under primitive standards, recedes before the feelings of antagonism and defense' (p. 157).

[4] We could thus go on producing psychological catchwords, for instance 'emotional paucity of words'. In King Lear, asked by her father: 'Which of you [three sisters], shall we say, doth love us most?' Cordelia (whose 'love [is] more richer than her tongue') says:

> Nothing my lord.
> Lear: Nothing?
> Cordelia: Nothing.
> Lear: Nothing can come of nothing . . . (I, i).

The 'emotional power of negation', however, is pathetically illustrated by another quotation from King Lear when the latter, carrying dead Cordelia in his arms, exclaims: 'No, no, no life . . . O, thou wilt come no more, Never, never, never, never, never!' (V, iii).

forward as far as possible to the head of the sentence' (e.g., *non post multos dies* . . . 'not after many days . . .'). Tendency toward a full and powerful expression of negation, it is well known, is the reason the simple 'no' is frequently replaced in Latin by *nunquam, neque, nullo modo, nulla ratione,* etc.; in English by *never, not a bit, not a scrap, not a jot,* etc.; in German by *nimmer, nie und nimmer,* etc.; in Mishnaic Hebrew 'he did not do but nothing', etc. Sperber was mentioned but not discussed by Havers.

A few words on *affirmation.* It is in the nature of things, already discussed by the writer *(4),* that antithetic affirmation and negation are an unequal pair. While the latter is in general expressive, militant, and conspicuous, the former, in general is unemphatic and conciliatory, and becomes expressive only in cultivated and polished language. Yet, whenever in ancient writings, or even in our own day, one comes across a strong assertion, strong hidden ambivalence must be suspected *(vide infra).*

In the child's early language there is no 'yes'. The child simply does what he is asked to do, while 'no' appears quite early. Affirmation is sometimes expressed by repeating the question, its last word, or even the last syllables of this word, which is a kind of 'echoism'.[5] In conformity with this behavior in infancy we find by retrograde investigation that the further back we go in the history of language, the less does affirmation seem to be established as an independent verbal expression. Thus in classical Hebrew there is no word for 'yes', an archaic condition in language. An affirmation may either be expressed by: 'It shall be as you say' (the ambivalent form is: *'loo,* it shall be as you say'; in the Septuagint: *esti kata to rhēma sou*), or by repeating the request positively with the corresponding grammatical change *(19)*: 'Will you go?' 'I will go!' (Genesis, XXIV: 58); 'Are you witnesses?' 'Witnesses!' (Joshua, XXIV: 22). An-

[5] Children between the ages three and six, in answering a question, occasionally (and sometimes habitually) use the word 'why' in the sense of 'because' *(24).* In the same way uneducated adults, e.g., in the Jewish-Spanish dialect or in Hebrew, may use their interrogative 'why'—*porqué* and *lama,* respectively. This may be a residue of an echolike infantile repetition.

other, very characteristic example: '. . . the woman said, "art thou Joab?" And he answered, "I am [he] *(ăni)*". Then she said unto him, "Hear the words of thy handmaid". And he answered, "I [do] hear *(ăni shomé'a)*" ' (Second Samuel, XX:17). The particle which in later Hebrew is equivalent to 'yes', namely *ken*, originally meant 'certainly', 'true'.

In ancient Egyptian too, as quoted by H. Grapow *(13*, p. 56), after having been asked or ordered to do something, the person's answer is *iry.i mk iry.i iry.i*, 'I do it, I do it'. Yet Grapow translates anachronistically: 'Jawohl (!), ich tue es'. In Akkadian, *annu bēlī annu*, 'this, my Lord, this' stands for 'yes'. In classical Arabic, *na'am*, 'agreeable' means 'yes'. In Latin, *aio*, 'I assent', essentially means: 'I say *ai* (yes)' but there seems not to have existed an indepedent *ai* except as imperative of *aio*, while there was a more or less independent 'no'.

In ancient Greek the *naï* (when not used in the meaning of 'certainly') was taken up for strong affirmation (as in oaths and solemn assertions). The person addressed used to repeat the request, either with the corresponding grammatical change (for example, *sy oun élexas tauta?*, 'did you say this?'—*élexa*, 'I said'), or with *ésti tauta (tautá esti)*—'this is (so)', or *málista*—'most certainly'. In Biblical Hebrew the device for affirming something strongly is to repeat the important word.[6] To inculcate something (a strict order, warning, threat, etc.) or to express deep emotion, a verb, usually as an infinitive, is frequently repeated (and put before the imperative or the future tense). Thus, what in The King James Version of Genesis, XV:13 is rendered: 'And he said unto Abram: *know of a surety* that thy seed shall be a stranger in a land that is not theirs . . .', literally reads: '. . . *knowing* [to know], *know* . . .'. Similarly this way of emphatic expression occurs in numerous passages.[7] In First Kings, II:37 even two emphatic expressions of this kind can be

[6] Of this the writer was reminded by Edmund Wilson in a passage of his book *(30*, p. 389), starting with the sentence: 'The [Biblical] Hebrew language is also emphatic to a degree with which our language can hardly compete'.

[7] Genesis, XX:7; XXXI:30; Joshua, XXIII:18; Judges, IX:8; First Samuel, XX:3, 9; XXVIII:1; Jeremiah, XXVI:15; XLII:6, 10, 22; Psalms, CXXVI:6; and so on.

found next to each other. Thus, '. . . Thou shalt know of a certainty that thou shalt surely die' (The King James Version), in the original literally reads: *'Yado'a taida', ki moth tamuth'* (*'knowing* [to know], *know*—that *dying* [to die], *you will die . . .'*).

From all this it follows that, regarding affirmation, a parallel can be drawn between ontogeny and phylogeny.

## II

Grammarians and lexicographers for the most part are content with clever and erudite derivations of words and with analyzing linguistic structures, but when they try to explain the driving motor behind this or that expression, they usually remain in shallow waters. Some examples may be quoted or repeated before we discuss the psychological reason or reasons for the frequent syntactical use of a negative particle (or its derivative) as a rule at the beginning of an interrogative (principal or subordinate) clause, or of one containing a doubt or a conditional statement, as well as in exclamations of surprise, of an ardent wish, etc. As evidence for this thesis we shall first review the ways some languages express the simplest questions, and we shall present a selection of particles that introduce the relevant clauses, where it is either certain or most probable that they are derived from a negation.

Starting with ancient Egyptian (where *n, nn,* and *m,* and later *bw* and *bw pw,* were used for negation), a few examples may be cited from H. Grapow's collection (*13,* pp. 10, 65, and 14, respectively): 1, *m pw* (*m* being the interrogative particle)—'what is it?'; 2, *ntk nim* (who?) *tr*—'who are you?'; 3, *in* (interrogative particle) *iw.k mi šs*—'do you feel well?'.

In Semitic languages *m* and *mn* are primitive particles that express privation or negation. The equivalent for 'who?' is *mi* in Hebrew (negations were mentioned above); *min* in Arabic (negation: *ma, lam, la,* and the ancient *in*); *man* in Aramaic (negation: *la* and *la-u*). 'What?' in Hebrew is *ma,* in Arabic *ma,* in Aramaic *ma, ma-i.*

'Why' in Hebrew is *madu'a* (contraction of *ma* + *yadu'a*, originally: 'not known') and 'what for?' is *lama*, which has the same use in Syriac and Arabic. In Aramaic, as well as in Mishnaic Hebrew, *lama* also means 'nothing'.

'If' and 'whether' in Biblical Hebrew are *loo;* 'if not' is *im lo* and *loolay*. In Mishnaic Hebrew 'if' and 'whether' are *im, illu, ilmalay;* 'if not' is *im lo, illulay* and (again!) *ilmalay* (some of these particles contain two or three negations, respectively). The particle introducing a question, a doubt, or a conditional clause is *im*, which, in interrogation, is used in both instances whether an affirmative or negative reply is expected, while *hă-im* once (Numbers, XVII:28) pathetically introduces a question that implies a negative reply like *num* in Latin. 'If' in Arabic is *la-u*, 'if not' is *lau-ma*. For 'lest', 'that not' (*nē* in Latin) the usual particle in Hebrew is *pen* (in Aramaic *pon* means 'maybe'). In Mishnaic Hebrew *shemma* was discussed previously (*4*, p. 250). *Lama* 'why', 'what for' also sometimes stands for 'lest', 'that not' (as in Exodus, XXXII:12; Septuagint *mēpote*, Vulgate *nē*); *loo* can have the same (ambivalent) meaning (as in Genesis, L:15).

In Latin (primary negation *nē*, later *non*) there is the interrogative particle *num*,[8] which usually implies a negative answer, and another one, appended to the first word of the clause, namely, *-nĕ*, used enclitically. Stemming from the primary emphatic negation *nē*, the particle is mostly colorless, and the reply will be either affirmative or negative.[9] Both *num* and *-nĕ* may be followed by the conjunction *an*, continuing the inquiry. Ex-

[8] Stemming from the primary negation, *num* is a 'weakened' form of the older *nam* ('for', 'because'); the latter was used in emphatic interrogation, *nam qui perdidi?* 'For how did I lose?'; *nam* (with negative shade of meaning) used enclitically: *quisnam?* 'Who in the world?' (Cicero, Pliny); *ubinam gentium sumus?* 'Pray, where in the world are we?' (Cicero). Other derivatives are: *nem-pĕ* (compositum of *nam* and enclitic *-pĕ*) and *e-nim* (compositum of *nam* and *-e*), with an affirmative meaning; both served to strengthen or to confirm an assertion.

[9] Examples of construction with *-nĕ: Nonnĕ—n'est-ce pas?. Memnistinĕ me dicere in senatu?*–'Do you remember me saying in the senate?' (Cicero, Catiline, I:3, 7). More rarely *-nĕ* was used in the same sense as *num* (i.e., with the meaning 'surely not'). The writer does not think he contradicts himself by pointing to a

ample: *Num furis, an prudens ludis me obscura canendo* (Horace, Satires II: 5, 58), 'Are you out of your mind *or rather* (*or perhaps*) intentionally making fun of me by invoking mysterious charms?'.

Knowing that the primary *nē* belongs to an older stratum of the language, one might suppose that the interrogative *-nĕ*, implying either an affirmative or a negative reply is per se more ancient than *num*, where a definite negative reply is expected. This, together with other similar examples (while proving nothing about Abel's (*1*) antithetic so-called 'primal' words) would simply indicate that the older a word is in the life of a language, the greater its probability of being ambivalent. There are indications that negation was treated by primitive man as if it were a separate, tangible object. This might be a parallel to what was said by the writer in connection with the Hebrew *ma-ën* (*4*, p. 250).

We are not surprised to find that *nē* in Latin, circumstantially, has also the opposite meaning, the same as the interjection *nē* in Greek, that is, 'truly', 'verily', 'indeed' (*nē ego homo infelix fui*, 'I was indeed an unhappy man'—Plautus).

In ancient Greek *ou* (*ouk* and *ouch*) is the negation saying that 'a thing is not' and *mē* the negation saying that 'one thinks a thing is not'. *Naï*, a strong affirmation as mentioned before, whenever used in answers, stands for 'certainly' (like *ken* in Hebrew) rather than for a simple 'yes'.

*Ou* and *naï*, like an antithetic pair, as maintained by the writer (*4*, p. 253), are an inverse fixation, retained in modern Greek, of the verbal expression in language of negation and affirmation.[10] Ordinarily, an affirmation begins with a vowel

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striking resemblance of this use of the *-nĕ* in Latin to a negation used by the child when he begins to express words of what he will not have. He often does this in the form, 'Bread—no', and sometimes with a pause between the words, as two separate utterances, as when we might ask in our fuller form of expression: 'Do you offer me bread?—I won't hear of it' (*17*). This, too, is probably an ontogenetic illustration of phylogeny.

[10] It would be worth while to investigate when, how, and why such inverse fixations take place.

and a negation with a labial or nasal sound. *Mē* follows this rule, as do the negative prefixes to adjectives and verbs, *nē-* and *an-* (or *ana-*), of which *nē-* signifies the stronger negation (e.g., *nērithmos,* 'countless'; *nēpios,* 'not yet speaking', 'an infant').

For 'if, whether', there is in Greek the ('inverse') particle *eï.* To express some degree of probability, *an* is added and the particle becomes *eän, en,* or *an;* to express impossibility, the *eï* is followed by a separate *an* in the consequent clause of the conditional sentence. In composition, enclitically, with one of the many interrogative particles derived from the stem *pos* ('who'), *eïpote* means 'if ever', and *eïpou*—'if at all' (*eï ti pou estin,* 'if it is any way possible'—Homer). To express doubt *ē pou* was used and to confirm an assertion *ē men. Pō* (Doric, for Attic *pou*) stands for 'where'; *pō mala?* or *pōmala? (mala,* 'very much') rhetorically stands for 'where in the world?', 'how in the name of fortune?' and means 'not a whit'. The enclitic particle *-pō* is always combined with a negation: *oupō* ('not at all'), and *mēpō* (as conjunction) meaning 'that not yet', 'lest yet'. The interrogative particle *ára* expects a negative answer, like *num* in Latin.

*Tis?, ti?* are the interrogative pronouns 'who?' and 'what?'. Combined enclitically with *mē, mētis,* or *mē tis* and *mēti* stand for 'lest any one', 'lest anything'. The latter, significantly, also stands for 'would that', as in the following imprecation: *ólointo mē ti pantes,* 'may they all perish' (Sophocles). The question: *mē ti soi dokō tarbein?* means: 'do I seem to thee to fear?' (i.e., 'I do not'—Æschylus). Finally, *mēpote (mē pote),* 'lest ever', may be mentioned: *mēpote kaï sy olessēs,* 'lest ever thou mayst perish too' (Homer).

English *if* has the same origin as German *ob.* The latter comes from Old High German *obe, ube,* of which the oldest form is *ibu.* In Gothic, *ibai, iba,* as given by Kluge *(18,* p. 353*),* stands for *ob denn*—'whether perhaps' or *dass nicht etwa*—'lest ever'. Here we find in fact a negative shade of this particle, expressing itself in doubt or in apprehension, respectively.[11] In Japanese

[11] Though I cannot prove its negative derivation, German *denn* (related to the

*nai* is the negative adjective; *nai?* has the same meaning as *n'est-ce pas?* in French.

To conclude our considerations about the negativity of a goodly number of interrogative particles, etc., we shall discuss the antithetical conjunction 'but' in some languages, as this conjunction unmistakably has a privative and partly negative significance.

In classical Hebrew *bal,* as mentioned before, is one of the negations used in elevated language; for the restrictive 'but' Hebrew has a derivative of *bal,* namely, *ă-bal.* It is significant that *ă-bal* can nonetheless appear as a strong assertion, as in Genesis, XLII:21, 'we are *verily* guilty' (*naï* in the Septuagint), say Joseph's brethren to each other. It is also significant that in Arabic *bal* means either 'no' or 'yes' which can be understood from the context. In reply to a provocative negative question, *bala* in Arabic means 'yes', as in the following example from the Koran: 'Am I not your Lord?, they said *bala*' ('yes, you are' or 'yes indeed').

For 'but' we similarly find in Romance languages: *mais* (French) and *ma* (Italian), both ambivalently derived from the Latin *magis* ('more', 'better'); however, *mai mai* (of the same origin) means 'nevermore' in Italian.

It is pathetic that even such an eminent linguist as the late Otto Jespersen was lost when he intuitively followed what was a real scent but, due to his ignorance of depth psychology, arrived at an untenable conclusion. He discusses *(17,* p. 314-316*)* the *adversative* (italics mine) conjunction *m,* starting with the Latin *sed* ('but') which has been supplanted in Romance languages by *magis*: 'Sometimes obviously correct etymologies yet leave some psychological points unexplained . . .' and the long paragraph (without giving the psychological explanation sought)

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English 'than, then') may be listed here, for more than one indication points in this direction. We have in interrogation: *wo ist er denn?* 'well, where is he?' and when a negative answer is expected: *wollt ihr denn, dass?;* in doubt: *ist er denn so arm?* 'is he indeed so poor?'; in a conditional clause: *ich lasse dich nicht, du segnest mich denn,* 'I will not let you go *unless* you bless me' (Genesis, XXXII:27), where 'unless' represents the ambivalent Hebrew *ki im.*

concludes: '. . . *for in the hesitating* m *as the initial sound of objections we have one of those touches of nature which make the whole world kin*' (italics mine). How very true in this general wording![12]

The German *aber* stems from the Middle High German *abe* (Sanskrit *apa*, Greek *apo*, Latin *ab-*, 'away', 'away from'). *Aberwitze* (Middle High German) means, according to Kluge (*18*, p. 3), *Unverstand*, 'lack of wit', 'imprudence'.

From this material it seems clear that a negativity or ambivalence exists in particles and conjunctions that introduce apprehensive, optative, and restrictive clauses with: who, what, why, what for, if, if not, lest, lest ever, would that, but, etc.

## III

The 'emotional power' inherent in negation, the element that appears with such frequency and vigor in speech and writing under normal and pathological conditions, suggests the existence of a powerful motor in the human psyche, and our attention is irresistibly turned to the domain of magic. We know that primitive man, living in an animistic world and sensing magic everywhere around him, is ready to use magic defenses against all kinds of harmful influence or to use magic aggression wherever necessary. We also know that not only the primitive and 'not only mentally ill people employ magic. As a matter of fact, we all still practice magic. The demarcation between the performance of magic and action adapted to reality is not always sharp. Language, for example, in many instances still has a magic connotation' (*22*, p. 121).

Thus in order to find an answer to our query it is worth while considering the imprint magic has on language and its development. In this factor, rather neglected by linguists, psy-

[12] *Cf.* some additional examples to the ambivalent pair *magis-mais:*
*more, mehr, maior* (Latin)—*minder* ('less' in German);
*many, mnogo* ('much' in Russian)—*meion* ('less' in Greek);
*minus, mienshy* ('smaller' in Russian)—*nimius* ('too big', 'beyond measure' in Latin), etc.

chologists have a lively interest. We must, therefore, discuss first the ontogenesis of magic in the human being. A feeling of omnipotence is an essential attribute of magic. Of the four phases of omnipotence and magic distinguished by Ferenczi in the infant, the second one, which follows the initial 'unconditional omnipotence', is that of 'magic hallucination' *(5,* p. 69*)*. It is derived from the pleasure-unpleasure principle. 'In this phase every impulse, every wish is supposed to be magically realized. If, for instance, the infant is hungry, he will procure gratification for himself by the mere idea of sucking if he is not gratified in reality', as aptly described by Nunberg *(22)*. This period is like a continuation of the paradisial state that only recently existed in the mother's womb.

Ferenczi's third phase is 'omnipotence with the aid of magic gestures'. After the infant has learned from the experience of kicking and screaming that his wants, whether hunger or some other discomfort, can be allayed by the appearance on the scene of the mother or the nurse, he is no longer satisfied with mere hallucination and he develops the unconscious 'magic of gestures and conduct'. With the aid of this magic a state of unpleasure is turned into one of intense satisfaction and sleep usually ensues.

'In the next, the fourth stage, the "omnipotence of thoughts" appears. Its beginning can be traced back to the origin of speech. At first speech consisted of unarticulated sounds, which became endowed with a magical significance, and even today there are still remnants of it to be found in children and schizophrenics. . . . In the course of development, words were associated with these instinctual sounds and ideas which through this union likewise acquired a magical character. . . . A correlation of verbal and other ideas which have thus become independent, a correlation which follows certain laws, we call thinking' (22, p. 125).

In search of a further clue to the question before us I came upon an article by Winterstein *(31)*, who calls attention to Freud's suggestion in The Resistances to Psychoanalysis (*9*, p.

213). There the attitude of various people when they are confronted with something new and strange to them is characterized as follows:

'A child in his nurse's arms will turn away screaming at the sight of a strange face; a pious man will begin the new season with a prayer and he will also greet the first fruits of the year with a blessing; a peasant will refuse to buy a scythe unless it bears the trade-mark that was familiar to his parents. The distinction between these situations is obvious and would seem to justify one in looking for a different motive in each of them.

'Nevertheless, it would be a mistake to overlook what they have in common. In each case we are dealing with unpleasure of the same kind. The child expresses it in an elementary fashion, the pious man lulls it by an artifice, while the peasant uses it as the motive for a decision. The source of this unpleasure is the demand made upon the mind by anything that is *new*, the psychical expenditure that it requires, the uncertainty mounting up to anxious expectancy, which it brings along with it. It would be interesting to devote a whole study to mental reaction to novelty; for under certain, no longer primary, conditions we can observe behavior of the contrary kind– a thirst for stimulation which flings itself upon anything that is new merely because it *is* new.'

Becoming acquainted with external reality in the first instance is an *experience of resistance* (*Widerstandserlebnis*), as manifested by the term 'ob-ject', *Gegen-stand (31)*. The two states described above as the outcome of the unconscious 'magic of gestures and conduct'–first unpleasure, then pleasure–in this sense become objects endowed with a negative and a positive sign, respectively, i.e., hate and love. Occurring in close chronological sequence, they may be the very source of the emotional quality called ambivalence, and thus we would necessarily come to associate the *origin of negation and affirmation with the initial development of object perception.*

At Ferenczi's fourth stage, which he calls the 'projection period', after the discovery of external objects, the omnipotence of thoughts is shifted to these outside forces. The new, the strange, located outside the ego and regarded as hostile, is denied. Though caused originally by unpleasure the negation may nevertheless turn into pleasure, according to Freud *(8,* p. 184), when it is 'rediscovered' as something already known which formerly afforded real satisfaction. The reaction of the growing child to objects shows three stages of development: *renunciation* (the strange object that causes unpleasure is not acknowledged), *negation* (it is denied, and this is accompanied by more or less anxiety), and *affirmation* (it is acknowledged) *(31).*

Because negation in language stems from the unpleasure that arises with the negation of the new, strange, and hateful object, we can understand why negating language is also accompanied by anxiety. Young children ask questions to which they seem to know the answers and their curiosity in this concealed form, as psychoanalysis has long recognized, is 'amalgamated with sexuality . . . infantile sexual curiosity being concerned mainly with three questions: where do children come from; what is the difference between a boy and a girl; and what are father and mother doing together' *(21,* p. 74). These questions arise in the infant in the wake of some observations and reminiscences that are interpreted according to the child's imagination and certain sensations connected with preconceived fanciful ideas. They usually contain more or less painful elements which may create unconscious conflicts, lead to feelings of guilt, and produce symptoms *(3,* pp. 209-217).

It is interesting to find this fundamentally normal behavior exaggerated and distorted in pathological cases. Nunberg *(21)* describes in some detail a case of obsessional curiosity, the patient suffering from the compulsion to ask questions and to look for answers. It did not matter to him whether the questions looked simple or complicated. Behind them, as revealed by analysis, there always lurked in the unconscious the usual queries laden with grave conflicts, so that the patient's questions

were always accompanied by anxiety, ranging from a slight feeling of distress to attacks of panic.

All this, when it is applied to the development of speech, I consider sufficiently apt to explain why in language the use of a negation, i.e., of a negative particle, to introduce a question, doubt, or condition had, so to speak, necessarily to make its appearance: it represents a magic defense against the anxiety arising with the primordial questions.

That this is true not only ontogenetically but also phylogenetically becomes evident from a sentence taken at random from Nunberg. In connection with the negativism of the schizophrenic, he says: 'This negation and destructive attitude toward the "strange and unknown" world seems to be a primary one. Indeed, children and primitives also flee from new stimuli and destroy their sources' *(22,* p. 129*)*.

## IV

As to phylogeny of magic thinking, Freud said:

'If we are prepared to accept the account given above of the evolution of human views of the universe—an animistic phase followed by a religious phase and this in turn by a scientific one —it will not be difficult to follow the vicissitudes of the "omnipotence of thoughts" through these different phases. At the animistic stage men ascribe omnipotence to *themselves.* At the religious stage they transfer it to the gods but do not seriously abandon it themselves, for they reserve the power of influencing the gods in a variety of ways according to their wishes. The scientific view of the universe no longer affords any room for human omnipotence; men have acknowledged their smallness and submitted resignedly to death and to the other necessities of nature. Nonetheless some of the primitive belief in omnipotence still survives in men's faith in the power of the human mind, which grapples with the laws of reality' *(10,* p. 88*)*.

It is true that these are the successive stages but they do not supersede each other completely; this, however, is acknowl-

edged by Freud in the last, rather pessimistic sentence of the quotation. The primary reason that the irrational powers of human omnipotence and ambivalence only hesitatingly and fitfully give way to rational thinking and behavior obviously lies in the dual structure of the human psyche, in the precarious balance between the complete, robust but primitive system of the unconscious and the lofty, complicated, and highly vulnerable superstructure of the conscious.

We see that in the second half of the third millenium B.C., 'in all matters concerning their religion, the Egyptians placed considerable reliance on the magic power of the written word. They believed that by using the correct formulas they could impose their will upon the gods. The spells carved on the walls of the chambers and corridors are the best examples of magic in the Pyramid age' *(2,* p. 31*)*. Here animism and religion, and even applied science, concurred side by side. And similarly, during the classical stage there still was in the ancient house of every Greek and Roman an altar with the sacred fire, and 'the worship of the gods of Olympus and that of the "heroes and manes" [spirits of the dead] never had anything common between them' *(11,* p. 122*)*; they more or less coexisted. Moreover, in the Olympian stage of their religion, the Greeks retained three great festivals, the *Diasia,* the *Thesmophoria,* and the *Anthestēria,* which had their roots in the preceding, much more primitive stage like the one just mentioned, called the *Chthonian* (from Chthonioi, spirits of the nether world). 'In all of them there was a pervasive element of vague fear . . . terror of the breach of *Taboo*—the Forbidden Thing' *(20,* pp. 32, 33*)*. For nonobservance of the obligation ('violating the forbidden thing') great punishment was lurking. This feeling of anxiety confirms Freud's remark that the fact of 'primitive man . . . [being] compelled . . . to hand over some of his omnipotence to the spirits . . . would constitute a first acknowledgment of *Anankē* [Necessity], which opposes human narcissism' *(10,* p. 93*)*.

The following account of some magic rites is based mainly on the now classic work of Jane Harrison *(14)* which is an original,

erudite, and critical analysis of the whole field of Greek religion based on the examination of ritual. Some of the sentences are in her own words and the story illustrates the phylogeny of magical thinking and the philological details show the magic in language.

The *Diasia* was primarily a gloomy ritual to placate the dark powers of death. The rites were addressed to an underworld snake, the worshipped totem animal, or 'the god' with the euphemistic name (Zeus) *Meilichios*, the 'Easy-to-be-treated', the 'Gentle', the 'Gracious One'. Much later the god was superseded by the humane figure of Asclepius, the Healer, *the snake he once was* remaining coiled around his staff.

The *Thesmophoria* was an autumnal magic ritual performed by women, to mark disappearance of life underground and to ensure the rising of crops and offspring. Women carried magic charms *(sacra)*, fir cones, snakes, and 'unnamable' things (phalli) made of cereal paste, unmistakable symbols designed to promote fertility. Only after thorough purification, including fasting as a precondition, they were allowed to handle and probably to taste the paraphernalia. In order to unbind the taboo altogether they also had to offer to the goddess (Demeter of a later stage) newborn pigs, the totem animal.

*Thesmoi* means in Greek 'that which is laid down and established'. Derived from *tithēmi* 'to put', 'to lay down', 'to establish', it probably expresses the idea of 'establishing the law', for which only in Solon's time the word *nomos* arose. 'Magic is for cursing or for blessing, and in primitive codes it would seem there was no commandment without cursing. The curse, the *ará*, is of the essence of the law. The breaker of the law is laid under a ban. . . . Nay more, it began in the dim days when religion itself had not yet emerged from magic, in the days when, without invoking the wrath of a righteous divinity, you could yet "put a curse" upon a man, bind him to do his duty by magic and spells' *(14*, p. 138*)*. The Thesmophoria was superseded by the great festival of Demeter, the Earth-goddess, in her double form as Mother and Maid.

The *Anthestēria* was a festival of ghosts, overlaid in classical times by the Olympian Dionysus (later along with some other prominent Olympians, one of the 'benefactors of mankind'), 'and so far *the riddance of ghosts by means of placation* has been shown to be an important element in ancient sacrifice and in the ancient notion of purification' (p. 76). Its totem was the bull, the chief of magic or sacred animals in Greece.

Dwelling for a moment on the autumnal Eleusinian mysteries, we learn that the word 'mystery' stems from *mysos*, 'uncleanliness', 'pollution'. The essence of *mystērion* for the ancient 'primarily was purification in order that one might safely eat and handle certain *sacra*. There was no revelation, no secret to be kept, only a mysterious *taboo* to be prepared and finally overcome' (p. 154). We get insight into other magic performances carried out there; according to an ancient report, 'looking up to the sky they cried aloud *hyë!*, "rain", looking down to earth they cried *kyë!*, "conceive"' (p. 161), which is an allusion to the 'sacred marriage' between the male sky and the female earth ensuring fertility.

The story of these and similar Greek festive occasions and their transformations is most fascinating, and 'to mark the transition from rites of compulsion to rites of supplication and consequent thanksgiving is to read the whole history of primitive man' (p. 124).

However, we have to admit, no matter how much one tries to bring the evolution of human irrationalities into an orderly sequence, the account will never come out even. These altogether inadequate notes on Greek beliefs (or, for that matter, mystic beliefs of any other civilization) and their evolution may be concluded by a footnote which quotes a delightful and most eloquent story told by the classical scholar, Gilbert Murray, and which shows that magical habits of thought die hard, even in the course of roughly two and one-half millenia.[13]

[13] 'Anyone who has been in Greece at Easter time, especially among the more remote peasants, must have been struck by the emotion of suspense and excitement with which they wait for the announcement *"Christos anestē!* Christ is

Another characteristic anachronism may be cited that probably indicates the universality of some archaic beliefs. 'Here we come to a famous and peculiar Greek custom for which I have never seen quoted any exact parallel', says Gilbert Murray *(20,* p. 35*)*, when describing what the ancient Greeks used to do when ' "from time to time emergencies arise, the like we have never seen, and they frighten us . . . we must go . . . to our ancestors, the *heroës*, the Chthonian people, lying in their sacred tombs, and ask them to help" '. There is, however, an exact parallel in what Jews of Eastern Europe used to do in similar circumstances until the end of the nineteenth century: when a calamity befell the community they went out to their cemetery ('the sacred place') to prostrate themselves on the tombs of the ancestors, asking them to 'fatigue themselves' and help!

It is interesting to note that the Greek word *horkos*, 'an oath', was originally equivalent to *herkos*, 'a fence' (derived from *ergo*, *eirgo*, or *heirgo*, 'to shut in'), i.e., 'that which restrains from doing' (makes a taboo of) a certain thing. *Horkismos*, (originally: administration of) an 'oath', deserves our attention because the derived word, exorcism, the expelling of an evil spirit by ritual or incantation, is very near in meaning to the removal of the spell of a curse.[14]

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risen!" and the response *"Alēthós anestē!* He has really risen!". I have referred elsewhere to Mr. Lawson's old peasant woman who explained her anxiety: "If Christ does not rise tomorrow we shall have no harvest this year" *(Modern Greek Folklore*, p. 573). We are evidently in the presence of an emotion and a fear which, beneath its Christian coloring and, so to speak, transfiguration, is in its essence, like most of man's deepest emotions, a relic from a very remote pre-Christian past. Every Spring was to primitive man a time of terrible anxiety. His store of food was near its end. Would the dead world revive, or would it not? The Old Year was dead; would the New Year, the Young King, born afresh of Sky and Earth, come in the Old King's place and bring with him the new growth and the hope of life?' *(20,* preface).

An almost analogous story is retold in that great classic, The Golden Bough. After the antique colossal statue of Demeter was removed from Eleusis in 1802 A.D., a firm belief arose among local peasants that their harvests suffered greatly in consequence *(6,* p. 397).

[14] *Cf. arcanus* in Latin, originally 'shut up', hence 'keeping a secret'; *arcanum*, 'a sacred secret', 'a mystery'.

Some Greek oaths have been quoted above. Others are: *naï ma* (strong protestation) *tode skēptron*, 'yes (verily), by this scepter'; *naï ma Dia*, 'Yes, by Zeus'. *Ma* is sometimes omitted: *Naï pros theōn*, 'yes, by the gods'. *Naï ma Zēna*, 'yes, by Zeus' (in affirmation) and *ou ma Zēna*, 'nay, by Zeus' (in negation). But, *nē Dia* (Zeus) and *nē tēn Artemin* (Artemis) are invocations of divinity, where *nē* (otherwise a negative prefix, as mentioned) stands for a strong assertion.

Among other particles used in oaths there is the obviously ambivalent *ē men* (example: *kai moi omosson ē men moi arēxein*, 'and swear to me that surely thou wilt assist me [in battle]'—Homer). A curse introduced by the ambivalent *mē ti* was quoted previously from Greek tragedy.

Certain primeval practices of invocation, exorcism, cursing, blessing, etc. are firmly rooted in a belief in omnipotence of thoughts and, presumably from social motives, ambivalence becomes their more or less regular companion. A possible later development of the same trend is the oath, the adjuration, the vow, etc., at the bottom of which in almost every instance is a curse. Frequently there even exists no clear differentiation between them, and curse and oath may replace each other. This is not surprising for they both originate from a similar taboo.

Oath and adjuration appear to have become significant social institutions and, in primitive tribes, in the absence of written contracts and witnesses, their object was to ensure jurisdiction and order, to unite members of the clan, to regulate friendships and alliances, and to serve for purposes of warfare. Ample evidence of this has been gathered from studies particularly among the nomadic tribes of Arabia and from Biblical accounts of the nomadic period of the Hebrews *(23)*.

An oath in classical Hebrew is introduced in the opening sentence by an imprecation, followed in the concluding clause by *im* which then assumes a negative force ('that not') and by *im lo* (double negation), which has an affirmative force ('that') as well as the positive *ki* ('that').[15] The usual verb for taking an

[15] Examples: The sentences reproduced in the previous publication *(4*, p. 250*)*.

oath, of which there are various ways, is *nishba'*, a passive form of an active *shaba'* which does not exist in this sense in Hebrew. There is, however—at least according to Pedersen *(23,* p. 5)—a verb *saba'a* in Arabic which, significantly, denotes 'to curse', and then the Hebrew *nishba'* would mean 'burdened with a curse'. As convenient as this derivation is, I cannot suppress the information received from another authority that *saba'a* in Arabic means 'to revile' and not 'to curse'.

An oath in Hebrew is *shĕbu'ah;* the latter is frequently accompanied by an *alâh,* 'a curse', and *shĕbu'ah bĕ-alah* is a formula of an 'oath with a curse' which is supposed to take effect in case the oath is not kept. *Alâh* stands sometimes alone for 'oath', and *shĕbu'ah* in rare cases (Isaiah, LXV:15), for a 'curse', by which we have come full circle. This model, repeated in a similar manner in any primitive society,[16] leaves not the slightest doubt that the oath became a powerful magic instrument in the service of 'the law', at first through imprecation as a deterrent, and then through promise, as a reward and a hope.

Conservative grammarians would like to make a clear distinction between a *shĕbu'ah bĕ-alah* ('oath with a curse') and a

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from the Song of Songs (with *im*) with one correction: *Hishba'thi* (translated as 'I entreat you') would, literally, have to read: 'I charge you on oath . . . not (*im*) to wake . . .'.

'And the King [David] sware, and said: As the Lord liveth . . . I swear unto thee by God . . ., Solomon thy [Bathsheba's] son shall reign after me . . ., *ki ken* ('so I certainly') will do this day' (First Kings, I:29-30).

'I the lord have said, *im lo* ('I will surely') do unto all this evil congregation . . .' (Numbers, XIV:35).

'By the life of Pharaoh *ki* ('surely') you are spies (Genesis, XLII:16).

[16] Unmistakable traces of such a relation can be found plentifully in various (not only Semitic) languages. The English *to swear,* French *jurer,* Spanish *jurar,* Italian *giurare,* etc., can also easily stand for 'to curse'. Examples from Slav languages: *kl'atva* in Russian means 'an oath'; in Polish, the same word (with a slight change in pronunciation) stands for 'a curse'; in the latter language the verbal root of this word *kl'a(s)t',* 'to curse' (essentially the same but differently spelled and pronounced), if used reflexively, means 'taking an oath'. While in Russian the simple verb *kl'at'* does not seem to exist, its reflexive use *kl'at'sia* significantly also means 'taking an oath'. *Prokl'atiye,* however, stands for 'a curse'. Examples could be multiplied.

*shĕbu'ah* in which God, or something holy, is invoked to serve as a witness (*shĕbu'ah bĕ-eyduth*).[17] However, they must admit that this distinction has become untenable *(26)*, in view of the oath in the form of 'by the life of' (including 'by the life of God') with an *im* (negative force) in the next sentence. Significantly, in this atmosphere of ambivalence there are also examples of particles that change into their opposites as in Second Kings, V:20, where *ki im* ('that no') appears instead of *ki* ('that surely'); as in Exodus, XXII:10, where *im lo* ('that surely') appears instead of *im* ('that no'); and as in Genesis, XXXI:52, where *im* ('that no') appears instead of *ki* ('that surely').

Furthermore, we find in about a dozen passages of the Bible a curious interjection which always introduces a sentence and is the reply (or the address) of a humble person, directed to God or to a person of higher rank, which contains a refusal (a request or an excuse) coupled with anxiety *(19)*. Declining is naturally couched in modest language. The formula is: *bee Adonay* ('*bee,* my Lord')! or *bee ădoni* ('*bee,* my Sir')! in which *bee* cannot pronominally mean 'by myself' (as in *bee nishba'ti,* 'I swear by myself') but must have some mildly negative meaning. Examples: Moses, sent by God to the Israelites: *Bee Adonay,* 'I am of a slow tongue' (Exodus, IV:10); Gideon, encouraged by the angel of God (who says, 'the Lord is with thee to deliver Israel from the Midianites'), replies evasively: *Bee ădoni* . . . 'if God is with us, why has all this befallen us?' (Judges, VI:13); the woman whose child shall be divided into two by the sentence of King Solomon: '*Bee adoni* . . ., give [the other woman] the living child and . . . in no way slay it' (First Kings, III:26).

Thus, as the interjection starts with a *b*, I am under the circumstances inclined to assume it has some (infantile) mildly negative meaning. In translations this *bee* is rendered as '*O,* my Lord', '*But yet,* Lord', '*Pray,* my Lord', '*Ach,* mein Herr' (Luther), and its figurative meaning is certainly one of defensive imploration. But as it appears in the Septuagint as *déömai,*

[17] In the 'covenant' between Laban and Jacob: 'See, God is witness between me and thee' (Genesis, XXXI:50).

*Kyrie*, its negative shade becomes obvious. *Déömai* (from *deō*, 'to lack', 'to miss', 'to stand in need') is passive in form but active in meaning: 'I am in want' or 'need', 'I have no strength', 'I am not up to it' which can be equated with 'I have not . . .', 'I cannot . . .'. And from 'being in want' to 'asking a thing of a person', 'beg a favor of a person' (second meaning of *déömai*) there is only one step. Thus that *bee* stems from Aramaic *ba'a* is probably correct etymologically, but the meaning of 'request' is a secondary derivation.

In Hebrew, finally, *omnam* ('verily', 'truly') according to Gesenius, is compounded of *omen* ('truth', 'faith', 'fidelity') as in *amen*, with the ending *-m*, which then becomes an ambivalent compound (*omen* + *im*).

In dealing with the oath and related practices among the Arabs, we shall confine ourselves to a few selected philological remarks. Many essentials on the subject, except the role of the sacrifice, have been commented on and the subject is vast and not to be treated summarily. Among nomadic and seminomadic Arabian tribes, spread over vast territories from ancient times till our own day, these institutions have played a vital role, the material is immense and variegated, and the Arabic language extremely rich in the relevant terminology and definitions. The term mostly used is *yamin* which means '[lifting] the right hand' while taking the oath, a parallel to the Biblical Hebrew *nasa*, which means 'lifting [the hand]'. Another word for 'oath' significantly is *qasm* which, in Arabic as well as in Hebrew (*qesm*, cf. Numbers, XXIII:23), stands for 'charm', 'sorcery', 'magic'. *Alwa* or *aliya* ('curse') recalls Hebrew *aláh*, and both expressions may be derived from the Assyrian 'demon' *alu* (*23*, p. 13).

'There is a peculiar relation between the oath and the particles of negation', says Pedersen (p. 19). 'The [oath] may sometimes, accordingly, altogether dispense with a particle. "By Allah, I will (not) do this or that." . . . On the other hand, we have the fact, strange as well, that in some passages of the Koran, *la*, the particle of negation, is found before the verb 'I swear' where we would expect instead a particle of assertion.' This 'peculiar

relation' between the oath and the particle of negation, stressed by a philologist in a detailed monograph on the oath, is strange indeed!

In utterances containing fearful or undesirable statements, superstitious persons even in our day will use a negation to keep off the evil. One is reminded of some vestiges in civilized language when obviously defensive formulas are used impulsively in reaction to something new and unbelievable, such as: 'You *don't* say!', 'Was du *nicht* sagst!', 'Was *nicht* alles passieren kann!'. In Japanese (*nai* negative adjective) there is a phrase *ano ne* which serves to 'attract attention', to 'express wonder', 'sorrow', 'regret', 'astonishment'.[18]

In English 'swearing at' means to imprecate evil upon by oath. There was a period starting with the Reformation when Puritan efforts to eliminate profane language from the stage (law enacted in 1606) finally 'conquered, and the English came to swear less than other nations. . . . The Twentieth Century, and especially the time after the Great War, has put a stop to many of the linguistic prohibitions that flourished in the Victorian era' (*16*, pp. 256, 259).

It is probably true that, while not relinquishing its hold on mankind altogether, omnipotence of thoughts is becoming more and more the special domain of the neurotic and of the obsessional neurotic in particular. It also seems true, apart from the field of neurosis, that there is 'the probability that the psychical impulses of primitive people were characterized by a higher amount of ambivalence than is to be found in modern civilized

[18] In counting people, a superstitious person will say, or rather bashfully mumble, in Yiddish: '*Not* one, *not* two, *not* three', and so forth . . ., as a protection against the evil eye, lest some evil befall one of those counted. Being sorry for someone is expressed in Yiddish by the insertion of *nebbich*, a word in use from the Middle Ages, probably a contraction of the German *nie bei Euch*, 'never [should it happen] to you!'. In colloquial Arabic there is a similar insertion *be'id minnak*, 'far be it from you'. In colloquial Hebrew one usually says: 'I am doing this or that' (by way of precaution) 'in case of need which *shall not* (instead of "may") arise', and so forth. When two persons are mentioned together and one of them is dead, the phrase 'may he be separated for life' is inserted before the name of the one still alive.

man. It is to be supposed that as this ambivalence diminished, taboo (a symptom of the ambivalence and a compromise between the two conflicting impulses) slowly disappeared' *(10,* p. 66*)*.

However, there emerges another aspect from the point of view of linguistics. It is my firm conviction that systematic historical exploration of language *sub specie* the psychological categories 'omnipotence of thoughts' and 'ambivalence' is bound to yield important results, both in helping us to get nearer the solution of at least some of the riddles of the primal history of language as well as in isolating factors that in the course of time caused, and may still be causing, changes in language. Such findings too may benefit depth psychology.

## SUMMARY

The nature of language and its relation to psychology are discussed. Modern linguistics stress the fact that growth of language during the ages (phylogenetically) proceeds from a cumbersome and complicated way of expression to simplification, and thus from initial imprecision to a continually growing accuracy of expression. Among the diverse factors of lack of precision in primitive speech are the ambiguities caused by human ambivalence. Vestiges of the latter are abundantly deposited in all languages, and in no other sphere do these ambiguities appear in human speech with greater frequency than in negation and affirmation. This was stressed by the writer in a former essay in which the origin of verbal negation and affirmation was traced to the oral phase of earliest infancy. While the infant is suckled, opening and closing of the mouth are frequently accompanied by sounds, the former indicating readiness to receive food—by vowels; the latter indicating refusal of food—by the sounds *m, b, p,* and *n,* in accordance with Freud's 'formula', based on the pleasure principle.

Primal language serves a twofold purpose: individually, for expressing emotion; in community, as medium of intercom-

munication. Gradual change of language affects not only the denomination of objects, their qualities and activities, but also the syntactical structure of a sentence. The main thesis defended in this paper refers to the peculiar fact that in adult speech in many otherwise unrelated languages, negative particles are frequently used to mark a question or a doubt, a conditional statement, an ardent wish, or an exclamation of surprise. Close examination of these particles and conjunctions introducing apprehensive, optative, and restrictive clauses in a series of languages with who, what, why, what for, if, if not, whether, lest, lest ever, would that, but, etc., not only make it evident that they contain a great amount of negativity, but also proves that they are, in the first instance, subservient to ambivalence. A parallel is drawn between the ontogeny and phylogeny of affirmation. Further examination of the psychological element inherent in negation leads to understanding of the decisive role magical thinking ('omnipotence of thoughts') and its derivative 'superstition' play in the use of negation, and in verbal negation in particular. Such an investigation makes it very probable that the origin of ambivalence (and of negation and affirmation) is closely related to initial object perception. The pleasure-unpleasure principle coming thereby into force consequently causes a reactive magic defense unfolding in the form of 'omnipotence of thoughts' against the unpleasure (anxiety). With the ontogenesis of magic in the human, the relations between curiosity and anxiety are commented upon. The phylogeny of omnipotence of thoughts is illustrated by magic ritual, and magic defense contained in the curse and the oath are discussed in some detail. Ambivalence and omnipotence of thoughts have always been, and still are, powerful factors in causing perpetual changes in spoken and written language.

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# AN EXHIBITIONIST

BY HAROLD L. LEVITAN, M.D. (NEW YORK)

The exhibitionist's compulsion that his penis be seen indicates a reliance on the visual confirmation of another person and, by the same token, a lack of confidence in his own power to perceive his bodily configuration. The difficulty in perceiving himself arises from his doubts about his tentative masculine identification which receives powerful re-enforcement by displaying his penis to another person.

This aspect of denying an unconscious fantasy of maternal identification in exhibitionism is clearly illustrated in the following case. The patient developed the urgent need to expose his penis to unknown females only after the tragedy of his mother's sudden blindness deprived him of his most important spectator. This particularly specific precipitating event quickly led directly to an account of the essentially delusional fantasies shared by mother and son which formed the background of his symptoms from earliest childhood. The confirmation of this sequence is by force of circumstances rare, and to my knowledge has not been previously reported in the literature.

A twenty-three-year-old, Catholic, married foreman first began to exhibit himself when he was sixteen, some five months after the onset of his mother's total blindness. During these five months he had some severe additional blows including failure in his high school examinations and a serious accident in which his cherished automobile was destroyed. After a five-year period of freedom from the symptom, a relapse was precipitated by his wife's pregnancy and a promotion (alarming to him) to foreman in his plant.

He first made mention of his mother's blindness in the sixth interview (he had had two previous clinical studies in which he failed to reveal this crucial item of information). In his exhibitionistic ritual his penis remained flaccid until he had been seen by the woman. Immediately after he had been observed he developed an erection and masturbated, thus proving that the exhibitionism was not an end in itself but, like a fetish, was a necessary precondition for gratification.

During the second period of symptoms, in which these observa-

tions were made, the immediate stimulus for each episode was an oral deprivation: his wife had refused to make his dinner. Each time he would go immediately to his mother's house, gravitate to his former bedroom, and expose his genital through the open window. The provenance of this behavior was found in a bizarre feeding ritual practiced by mother and son. As long as he could remember, his mother, who was massively obese and a chronic alcoholic, would encourage him to eat as much as possible, admonishing him that he could grow only if he 'tried hard enough'. The literalness of this fantasy is shown in the fact that she measured his height with a ruler after each meal. For the patient, at least, this magic was unconsciously in the service of ensuring his potency and exorcizing the threat of castration. By exhibiting himself he was in fact gaining the reassurance he would have obtained had his wife not refused him dinner.

When he was refused food he turned to the reassuring second portion of the delusionally based feeding ritual which is in fact the measuring, or the later exhibitionism. His mother had always reacted with surprise if 'growth' had occurred and both were temporarily reassured as to his integrity. The woman's shock has special value for him because with its expressions of surprise and the difference between him and the woman, it indicates that he is not 'cast in the same old mold' (not castrated), an expression he often uses with reference to his mother.

The patient, moreover, tries by feeding to equip his infant daughter with a penis. His habit is to put the bottle in her mouth before she is awake so that she will experience no period of need which, given his fantasies of growth, he imagines would be extremely painful to her. He then stands back and watches for the result as his mother was wont to do with him before she became blind. In fact, he rarely takes his eyes off her for fear that he might miss one of the 'new developments', such as a new movement or the sudden growth of a new tooth. He takes motion pictures of her to fix his image of her in 'a stage of growth'. In the intervals during which he is not feeding her, he plays various games with her to insure that she is in an upright position. He often holds her as she stands so that 'her legs will not buckle under her'; also, he takes her by the hands as she is lying down and amidst great squeals of laughter at the wonder of it all draws her to an erect posture. The voyeurism which regu-

larly complements exhibitionism is in this case calculated not only to induce the female to show her organ, but actively to attempt to give her a new one.

## SUMMARY

Some features from a case of genital exhibitionism precipitated by the unusual and yet apparently specific circumstances of sudden and total blindness in the mother have been presented. A study of this patient offers some data as to how at least one exhibitionist resolves castration anxiety by having his penis seen by a woman. The sensitivity to the reaction of the woman in this instance originated in a long-standing feeding ritual with the mother who harbored bizarre ideas regarding the effects on growth as a result of her feeding. The feeding process seemed primarily a mutual bisexual identification, with nutriment as a secondary consideration. The exhibitionism was an attempt to allay anxiety at times when he was uncertain as to his identification and was the counterpart of the mother's attitude in which shock and surprise meant that 'growth' had occurred. As the mother could not respond after she became blind, the son was compelled to seek the reaction and act out the fantasy with strangers.

# BOOK REVIEWS

THE MINUTES OF THE VIENNA PSYCHOANALYTIC SOCIETY. Volume I, 1906-1908. Edited by Herman Nunberg and Ernst Federn. New York: International Universities Press, Inc., 1962. 410 pp.

On April 15, 1908, a dozen men meeting in Freud's apartment in Vienna voted on a motion proposed by Freud to call themselves The Vienna Psychoanalytic Society. The period of two years immediately prior to this noteworthy event is reviewed in this, the first of a three-volume series to be edited by Herman Nunberg and Ernst Federn. The entire series promises to be a historical document of unique importance, since it offers an illuminating, firsthand account of both the background and content of a crucial segment of the history of the psychoanalytic movement. The scientific contributions which first appeared during these early discussions are all well known to us in their elaborated and refined later versions. A great deal of historical human detail is offered here to afford the reader invaluable aid in understanding the evolution of this body of theory, as well as to provide a full measure of literary enjoyment and nostalgic pleasure.

The developments which led to the founding of The Vienna Society began in 1902 with those first meetings in Freud's home which came to be known as the Psychological Wednesday Evenings. These gatherings continued on a regular basis, and for Freud and this heterogeneous group of friends and colleagues who were interested in psychological problems, they presented an opportunity for the informal discussion of new ideas, a chance to review current and classical literature, and to report on their own personal and clinical experiences. Up until 1908 it was the rule that each person present had to participate in the discussion, but, unfortunately, no record of the meetings was kept between 1902 and 1906. These digests are the work of Otto Rank, from 1906 to 1915 the salaried official secretary of the group. His skilful and creative preparation of these minutes, from extensive notes taken during the meetings, almost always succeeded in conveying a remarkable feeling of freshness, identity, and personal stamp in the observations credited to each contributor, something which adds immeasurably to the readability of these records.

Ernest Jones, in his biography of Freud, discusses the impact of the Viennese professional, intellectual, and social climate in this period of the early struggles for the acceptance of psychoanalysis, noting its effect on Freud and on the course of the psychoanalytic movement. Nunberg's introductory essay and biographical notes about the early members add much that is instructive and pertinent to this material. He stresses the point that this period of Freud's development came on the heels of the separation from Fliess, and that the association with this group ended a long and discouraging isolation. The meetings provided Freud with a sounding board for his nascent ideas as well as a comradeship he was often to acknowledge as a great comfort and support. While in the main this early group was made up of physicians and psychiatrists, it included in its number writers, teachers, a publisher, a philosopher, a musicologist and others who shared an enthusiasm for the new science and its founder.

This heterogeneity helps to explain the wide range of interests, awareness, and types of comprehension of psychoanalytic ideas revealed in these Minutes. Nunberg, in noting that this period had already seen the publication of the Studies on Hysteria (1895), the Interpretation of Dreams (1900), the Psychopathology of Everyday Life (1901), the Three Contributions to the Theory of Sexuality (1905), and Jokes and Their Relation to the Unconscious (1905), remarks that not everyone in the group had the same degree of familiarity with all these works. It seems likely that Freud also read drafts of works in progress to the group and that these probably included several of the explanatory papers on the psychoanalytic method and theory which he contributed to a number of different publications in this period. But these new ideas must have been so disturbing and provocative to readers with the education and social background which these men all shared that it is little wonder that their understanding developed so slowly, irregularly, and inaccurately. In trying to understand this, the Introduction quite perceptively stresses the existence in these men of a sizable ambivalence which often led to an alternation of devotion to Freud and a troublesome competitiveness. We have continued to observe that this conflict can color the psychic response of any student of psychoanalysis even today. Yet, despite all the clarifying observations Nunberg offers, it remains very impressive to detect the giant gulf which

separated Freud from even the most talented and most earnest of his early disciples in so far as appreciating and being able to work with these revolutionary ideas was concerned. Even in the midst of what must have been personally agonizing instances of confusion, silliness, and hostility in his colleagues and friends (many of which are poignantly hinted at in these pages), Freud remained the most gentle, tolerant, patient, and permissive teacher imaginable. This opportunity to scan a primitive curriculum and the vicissitudes of the learning process in a 'student body' so different from our current groups of candidates may well be instructive to those concerned with the problems of psychoanalytic education. Among many other insights which might be obtained, our understanding of the universality and inevitability of unconscious resistance to these provocative ideas and theories will be reaffirmed.

It is also interesting to note the not infrequent appearance in these minutes of confessional and frank, self-probing expositions by many of the speakers in the course of either general discussions or in connection with special clinical presentations. One can sense in these remarks not only the speaker's desire for self-understanding and professional improvement, but also an evident yearning for relief from personal suffering, doubt, or concern. Clearly, then as now, the hope that psychoanalysis would provide a prompt and universal panacea was harbored by many attracted to it. The existence of unresolved neurotic conflicts and the special condition of working in direct contact with Freud himself must have contributed to the many instances of rivalry, conflicts over priority of ideas, and demands for recognition and attention which marked the history of the group. Nunberg takes special pains to spotlight the early signs of Adler's divergence in view from that of Freud, and repeatedly calls attention to Adler's persistent claims of significance for his own pet ideas. In many other instances too, the squabbles over rights of authorship and privileges of publication recurred and necessitated frequent ingenious and delicate peacemaking by Freud.

The industry and energy of this little group carried them forward despite such handicaps, as a glance at the scope of their program for this two-year period will demonstrate. In addition to hearing clinical and theoretical presentations, reports of the psychiatric and other literature, discussions of pathographies of poets, writers, assassins, and philosophers, revisions of rules of membership and con-

duct, they received guests: Jones from London; Brill from New York; Jung, Eitingon, Binswanger from Zurich,—and drew up plans for a psychoanalytic 'Congress' in Salzburg! Some of the scientific papers are indicated or discussed in the Minutes in fuller detail, but each session is reported in a way which conveys some of the excitement and stimulation which must have been felt by each of the participants in this varied adventure.

A word might be added about the view of psychoanalytic theory this early document conveys. As Nunberg points out, it is not solely early libido theory with which Freud and the others were able to work and think. Many hints concerning the dual nature of instincts, refined ideas about the problems of repression and sublimation, and subtler awareness of the role of the sense of guilt in many neurotic phenomena are discernible. The footnotes to many of Freud's contributions show the relationship of these early ideas to his later writings from 1911 to 1923 which form the core of modern psychoanalytic theory. The recurrent attention of the group to the question of the choice of neurosis and the theory of cure as well as the problem of the definition of normality reminds us of the unfinished nature of the tasks of psychoanalysis, even after fifty years or more. This enjoyable, well-organized, and eminently readable volume should serve as a renewed stimulation to every student of psychoanalysis, and to any reader interested in the history of ideas.

HERBERT F. WALDHORN (NEW YORK)

THE PHENOMENA OF DEPRESSIONS. By Roy R. Grinker, Sr., M.D.; Julian Miller, M.D.; Melvin Sabshin, M.D., and Jum C. Nunnally, Ph.D. New York: Paul B. Hoeber, Inc., 1961. 249 pp.

The Preface and Introduction to this book echo the reviewer's own experience that in some of our psychiatric training centers stereotyped psychodynamic formulations have replaced good descriptive clinical psychiatry. The authors' plans for a new, unbiased empirical approach to depression, which might lead to the discovery and distinction of new clinical sub-categories, certainly sounded very promising. Unfortunately, in the example of such common psychodynamic statements on depression (p. xv), the formulations, as quoted, completely misrepresent our basic psychoanalytic hypotheses regarding melancholic depression.

The book begins with a review of the literature on depression which is too brief to do justice to the nosological approach of such great clinicians as Kraepelin, Bleuler, and Lange, or to the discoveries of Freud, Abraham, and other analysts, or to the modern English and American empirical behavioristic studies on depression. Yet again the authors, who welcome the healthy trends in the current American behavioristic literature on depression, misrepresent psychoanalytic concepts in a way that shows a regrettable lack of psychoanalytic understanding.

It is not surprising that the authors believed that in their research they could not rely on 'depth interviews' or on the contents of psychotherapeutic or psychoanalytic sessions. But in their ensuing outline of questions, which was used as a guide for the interviewers, we find an enumeration of 'the specific dynamic and defensive operations called into play in the emergency' that includes questions regarding 'attempts at denial and incorporation', 'regression', 'projection', 'self-abusive behavior', and 'development of phobic or counter-phobic reactions'. If they relinquished psychoanalytic methods of investigation, how could the researchers expect anything but glib, stereotyped, psychodynamic answers of the sort they had so correctly rejected?

Succeeding chapters describe the methodology and the results, first of the authors' pilot study, then of their full-scale study. In the pilot study, twenty-one subjects were selected at random from patients of the Institute for Psychosomatic and Psychiatric Research and Training of Michael Reese Hospital. In their choice the researchers were concerned merely with the current diagnosis of depression. Evidently the question of neurotic or psychotic depression was intentionally disregarded. The subjects were interviewed and observed by a psychiatrist who was, in turn, observed and overheard by another psychiatrist. Since extensive information was gained from the twenty-one patients in the pilot group, it was decided to use, for purposes of comparison, the method of factor analysis—a procedure for finding groups of items, or 'factors', that tend to measure the same thing—by the Q-sort technique. As a result of this factor analysis, six factors were extracted, of which Factors A, B, and C (bipolar) were investigated further. Factor A described the typically depressive person; Factor B, a type (in which males predominated) wanting supplies from the external world; Factor C (positive pole), a person concerned about what he has

done to others and what restitutive efforts he can manage; and Factor C (negative pole), also concerned with external loss, possibly representing a projection of a feeling of inner change (aging).

An interesting finding of the pilot study was the discovery that the 'current behavior' ratings made by the psychiatrists showed a surprising unreliability in contrast to their 'feelings and concerns' ratings. In fact, the psychiatrists turned out to be poor observers and describers of behavior.

In the full-scale study one hundred twenty patients were examined. Presumably because of the large series of subjects, the methods had to be changed. The trait lists had to be reduced, the form of interviewing was altered, the group of interviewers increased, and the Q-sort rating replaced by the use of two radically modified check lists: one of 'feelings and concerns' and one of 'current behaviors'. Actually, this reviewer could not understand what necessitated these changes nor how far the research profited by them. Indeed, it seemed that the first period of research was comparatively more fruitful than the second.

In the latter, five factors of 'feelings and concerns' were established which describe: I. 'Characteristics of hopelessness, helplessness, failure, sadness, unworthiness, guilt, and internal suffering. There is no appeal to the outside world; no conviction that receiving anything from the environment would change how the patients feel. There is self-concept of "badness".' II. 'Characteristics of concern over material loss and an inner conviction that this feeling state (and the illness) could be changed if only the outside world would provide something.' III. 'Characteristics of guilt over wrongdoing by the patient, wishes to make restitution, and a feeling that the illness was brought on by the patient himself and is deserved.' IV. 'Characteristics of "free anxiety".' V. 'Characteristics of envy, loneliness, martyred affliction, secondary gain, and gratification from the illness, and attempts, by provoking guilt, to force the world into making redress.' The authors' clinical interpretation suggests 'the hypothesis that Factor I is the essence of depression and hence its strength indicates the depth of the affective disturbance. Factor IV, anxiety, seems to be an indicator of activity in the process and perhaps also a signal of increasing or decreasing affective arousal. On the other hand, the remaining factors indicate varying attempts at defense and restitution of the depression.'

The poverty of the clinical results of this time-absorbing research is rather saddening when one considers its high goals. Clinically, the reviewer had the impression that Factors I, III, and IV represent well-known types of depression, which belong to the manic-depressive group and were much more carefully described long ago. The variations here might depend in part on the stage of illness at which the patients were examined. The predominance of males in the group described by Factor II (Factor B of the pilot study) is interesting, but its interpretation is merely speculative. Factor V might cover neurotic, psychopathic, or schizophrenic depressive patients.

In any event, the research led not to a discovery of new subcategories nor to new and more subtle clinical distinctions, but to clinical and psychoanalytic simplifications. Particularly objectionable, from the reviewer's point of view, is the superficiality evident in the psychoanalytic interpretations of the various factors. For example, the authors suggest that 'Factor II indicates the projective defense, III, the restitution resolution, and V, the attempt by enslavery of external objects to deny anger, and secondarily to regain love'. Since none of the patients was ever subjected to any sort of psychoanalytic investigation, these are indeed stereotyped psychodynamic formulations.

EDITH JACOBSON (NEW YORK)

MAN'S PICTURE OF HIS WORLD. A PSYCHOANALYTIC STUDY. By R. E. Money-Kyrle. New York: International Universities Press, Inc., 1961. 190 pp.

Money-Kyrle writes from the Kleinian point of view. He states that 'a psychology which confined itself to the study of the development of world-models would be comprehensive'. He envisages 'an ultimate systematization of knowledge, with a psychological preface about the general principles . . . of the construction of a world-model which it is the business of the other sciences to elaborate in detail'.

Chapter one deals with the validation of interpretation. The author considers—and this reviewer thinks rightly so—anthropomorphic thinking, based on identification, legitimate in the realm of psychology, although it has had to be eliminated in other sciences

and replaced by a nonanimistic approach. According to Money-Kyrle, the identification of the analyst with the analysand occurs in two phases. First, the patient's words and gestures arouse an echo of feelings in the analyst (introjective phase); secondly, the analyst imagines what it feels like to be the patient (projective phase). This is followed by the interpretation. The basic test for the interpretation is the analysand's recognition that what the analyst has said about him is true.

The analyst's tests can never be as direct. He has confidence in his interpretation if he can recognize in the patient an aspect of himself; he also assesses its probable correctness in terms of the correctness of the predictions his interpretation implies if it is confirmed by the patient's further behavior. If prediction and behavior do not correspond, he must modify or replace his interpretation. With the help of these tests, the author confirms by clinical examples Melanie Klein's theory of the paranoid-schizoid and depressive positions in earliest childhood. (For the non-Kleinian analyst this alone makes the validity of these tests questionable.)

It is in the second chapter that Money-Kyrle tries to demonstrate that Freud's theory of instincts—including the death instinct—is compatible with the theory of evolution while the next chapter is devoted to a description and genetic examination of the child's, mainly the infant's, psychology. It leads to a lucid presentation of the child's psychological experiences according to Kleinian theory. Later, the author deals with the various psychological constructions of world-models, from subjective monism and naïve realism to the dualism of 'common sense' and, finally, to rational world picture in which the reality principle dominates. He also examines the possible distortions of our world picture through regressive interference with the rational by paranoid-schizoid and hypermanic belief-systems.

The second part of the book applies the author's propositions to the realm of beliefs and evaluations, æsthetics, ethics, and morals, and to the problem of political agreement. He also examines avoidable sources of political conflict and, finally, deals with political philosophies.

This reviewer, though not in agreement with the basic assumptions concerning the earliest infantile psychological experiences, profited from reading this book. The presentation of the Kleinian theory of the early developmental phases is lucid and instructive.

It is easy to follow the author's reasoning; his vast knowledge and broad outlook make it an enjoyable book.

RICHARD F. STERBA (GROSSE POINTE, MICHIGAN)

EGO SYNTHESIS IN DREAMS. By Richard M. Jones. Cambridge, Mass.: Schenkman Publishing Co., Inc., 1962. 100 pp.

The author is interested in the general psychology of dreams rather than in their clinical application. He sees the approach to dreams as having been primarily dynamic, confined to interplay between wish fulfilment and ego defenses. Although various workers following Freud have, implicitly or explicitly, indicated that the dream also has the task of solving personal problems, the author's objective is a detailed specification of how the dream may perform this function. He therefore concentrates on synthetic ego functions—'the synthesis ego'—which mediates epigenetic and adaptive functionings. He confines his approach solely to the manifest dream and in particular employs a method of 'epigenetic analysis' for the study of adaptive growth.

Jones relies on Erikson's epigenetic principles for his frame of reference. Using Erikson's 'worksheet' of psychosexual zones, modes, and psychosocial development (with some highly speculative modifications and extensions), he shifts attention from the usual content variables to formal variables in the manifest dream. This necessitates a search for a regular pattern in the material that may correspond to these (forms and) structures (stable or quasi-stable psychic and behavioral patterns). In testing his hypotheses, Jones does find characteristic patterns in his material, which he believes may be typical of the dreamer's 'synthesis ego'.

There is no reason why the manifest dream, like any other piece of psychic material, should not come under scrutiny. Thus Jones's interest is in line with that of workers on the problem of cognitive structures. However, some questions do arise. One can sympathize with Jones's wish to keep variables at a minimum, which leads him to use dreams and associations written by students in nonclinical settings; this permits him to approach the material 'objectively' as one might a Rorschach protocol. But, whereas the Rorschach has

as its basis statistical patterns, Jones's framework is the still highly arbitrary 'worksheet' of Erikson.

Moreover, whereas Erickson's approach to the dream [1] involves a synthesis or reconstruction of both latent and manifest elements, Jones believes it sufficient to rely only on manifest content. In view of his insistence on an epigenetic approach, one can only wonder about an 'epigenetic analysis' which ignores epigenetic precursors, i.e., patterns in the latent material. This does not mean that patterns in the manifest content are valueless; rather the concern is for possible incompleteness, or perhaps errors due to the imbalance of the approach.

Many other questions may occur to the reader. Is it wise, for example, to introduce delineations such as 'cerebral-cortical' or 'autonomy-centric organismic' into the category of the 'psychosexual zones', especially since most of these terms are not adequately defined?

The author indicates that his approach is still far from being a diagnostic tool. The practicing psychoanalyst will find little of immediate clinical applicability in the monograph; indeed, even Erikson's approach and theories still require integration into practice and theory. Yet, in spite of these reservations, Jones should be encouraged. If, as he believes, his method may lead to a cataloguing of specific mechanisms of ego synthesis, it would be a worth-while contribution.

The writing is rather uneven and the lack of an index adds to the difficulty.

LOUIS KAYWIN (NEW YORK)

MILIEU THERAPY IN SCHIZOPHRENIA. By Kenneth L. Artiss. New York: Grune & Stratton, Inc., 1962. 169 pp.

Artiss, in a lucid report of a first-class piece of clinical research, describes the techniques, theory, and philosophy by which doctors, nurses, and aides learned to make effective psycho- and socio-dynamic interventions in the pathological behavior of forty-two

[1] Erikson, Erik H.: *The Dream Specimen of Psychoanalysis.* J. Amer. Psa. Assn., II, 1954, pp. 5-56.

schizophrenic men. This experiment took place in a ten-bed ward over a period of about three years.

The foreword by Bullard and the introduction by Rioch establish the historical and present-day significance of Artiss's study. The first four of the five chapters are essentially devoted to describing research and treatment methods. Clinical examples abstracted from massive amounts of data are abundantly used to illustrate both group and individual processes. The first chapter, describing the ward and the staff, elucidates the development of an integrated treatment team. The excruciating process of developing meaningful communication between doctor and ward staff is the keystone of such integration. Chapter two presents a description of the group therapy sessions in the ward as well as the attitudes of staff and patients toward group therapy. Patient behavior in group therapy was found to be predictive of ultimate outcome of illness on the basis of the extent of participation in group processes. The third chapter, dealing with experiences with patient government, further elucidates the tremendous impact ward group processes can have upon the acutely psychotic patient. Chapter four conceptualizes the therapeutic effect of the milieu in terms of support and setting of limits. The way these factors are individualized is documented by the detailed presentation of two very different patients. Most important is how data from the patient's history are used by the staff to understand the 'major message' of his psychopathology. When this understanding is applied to everyday interactions with the patient his psychopathology becomes less rewarding and he can begin to learn new social skills. Chapter five should make psychiatric history. Using the data presented in the previous chapters, Artiss attempts to formulate in operational terms the essential ingredients of the therapeutic aspects of the milieu. These formulations are sufficiently explicit to permit approximate replication in other hospital settings. The epilogue suggests that Artiss has stepped on the toes of invested theoretical and economic interests. Fortunately, he emphasizes the generalizability rather than the uniqueness of his formulations. He sees as essential to the success of a treatment strategy of the schizophrenic patient the following: 1, the therapist or therapeutic agency should have a known goal for its treatment efforts; 2, education in the rudiments of successful social behavior should be made part of the treatment regime; 3, the patient should be placed in a

position where he has both a regular opportunity to interact with a healthy group and the responsibility to do so.

This volume is significant in at least two ways. It is an excellent example of clinical research in which data are collected at a level appropriate to the current status of knowledge. The workers do not get bogged down in obsessional counting of parts of the total picture, nor have they succumbed to the temptation of explaining everything on the basis of highly inferential theory that cannot be related to behavior. There is a ring of authenticity immediately recognizable to one who has tried to develop a therapeutic milieu. Solid data about the elusive 'therapeutic milieu' have been scarce. Most important, this volume constitutes a cohesive attempt to provide a body of theory relevant to milieu therapy comparable to that which underlies individual psychotherapy.

To the psychoanalyst who seeks reification of intrapsychic formulations, this volume will be disappointing. To the psychoanalyst who seeks to expand his awareness of the effective treatment of the psychotic and of the necessary social processes involved, it will be an instructive experience.

STANLEY H. ELDRED (BELMONT, MASS.)

LECTURES ON EXPERIMENTAL PSYCHIATRY. Pittsburgh Bicentennial Conference. Western Psychiatric Institute and Clinic, March 5-7, 1959. Edited by Henry W. Brosin, M.D. Pittsburgh: University of Pittsburgh Press, 1961. 361 pp.

This conference report is unusually rewarding in that it shows the great diversification of attempts to understand mental functioning under normal and abnormal conditions. Analysts will be especially gratified by the extent of the efforts neurophysiologists, neuropharmacologists, and animal psychologists are making to integrate their findings with psychoanalytic theory.

Five analysts are represented. Alexander outlines a project which tries to introduce 'objective observation' into the study of the therapeutic process between two persons. The main goal is to show by what 'interventions' the 'corrective experience' can be achieved. The method includes extensive recording of interviews and exposure

to dramatic films as emotional stress to subject 'psychosomatic correlational hypothesis to rigorous experimental tests'. Alexander is one of the few researchers who still believe in the specificity of psychodynamic factors in the etiology of psychosomatic entities. The publication of reports showing correct organic diagnosis from the psychodynamic data was promised by Alexander as far back as 1950, and we are looking forward to it.

We have come to expect precise scientific formulations from John Benjamin. After a well-reasoned discussion of the theory of interaction between the innate and the experiential, and its history in psychoanalytic thinking, he describes some research projects designed to study such interaction in early infancy.

1. At the approximate age of three to four weeks, an infant goes through a 'critical period' of increased sensitivity to over-all stimulation, during which time he requires especially adequate tension reduction within the normal mother-child relationship. This increased sensitivity may be a function of the rapid rate of maturation of sensory apparatuses at this given time, and the absence of adequate mothering may contribute greatly to 'predisposition to anxiety'. This is one example of the interaction between 'an assumed innate universal and a demonstrated experiential variable'.

2. The first electroencephalographic patterns of sleep develop at the age of four weeks. Interestingly, premature babies show this pattern not much later. Here the experiential factor seems to speed up maturation.

3. Social smiling appears at the approximate age of two to two and a half months, as a delayed Innate Releasing Mechanism (I.R.M.). Benjamin has evidence that the timing and nature of this response are not only maturationally determined, but are significantly codetermined by previous experiences with the mother.

4. Benjamin's observations let him assume a relation between sensorimotor behavior and later choices of defense mechanisms. It may also have a predictive value for infantile separation anxiety.

5. Finally, the author outlines research in progress on: (a) the relation of the development of conceptual thinking to early and later object relationships; (b) variations in various cognitive functions if performed with highly cathected, as compared to neutral, objects (an aspect to which Piaget paid little attention); and (c) the mutual influence of the sharp acceleration in performance of

abstract tasks at the age of six, and the resolution of the œdipus complex.

Ewalt's paper is concerned mainly with the definition and organization of various methods of research. He compares the method applied in psychiatry to those in science, and points to Freud as the best example of the observational type of research, emphasizing Freud's readiness to change his theoretical models whenever they could no longer be correlated with such observations.

Grinker, who in the past has preferred to make formulations in terms of the 'transactional approach' or of the 'field concept', now proposes his discussion of the problem of anxiety as a model for a 'unified theory of human behavior'. But do we gain anything besides an impressive slogan from what Grinker calls 'a unified theory'? Can the psychological approach to anxiety be reduced to problems of 'input, storage, and output of information'? Can we reduce the 'sociological aspect of anxiety' to a problem of communication?

Since the publication in 1926 of Inhibition, Symptom, and Anxiety, we have learned to apply to the problem of anxiety all the viewpoints of metapsychology. The same approach has helped also to clarify regressive resomatization as a response to various anxiety-producing stimuli. Experimental physiologists and psychologists have discovered a great deal about the somatic concomitants and equivalents of anxiety. We have also learned that we do not gain much by equating prematurely psychological concepts with specific physiological processes. Do we, therefore, gain anything if we say 'ACTH is somatically of the same order of events as anxiety'? The same objection, of course, could be raised if anxiety had been 'equated' with adrenalin, noradrenalin, hippuric acid, etc. The neurophysiologists on this panel seem to have been much more careful to avoid such equations.

Kubie speaks from great experience as scientist and teacher when he tries to pinpoint the difficulty of training psychiatrists and researchers in psychiatry. Necessary teamwork is even more difficult. 'An organophobic analyst and a psychophobic neurophysiologist have a hard time trying to make a joint attack on the problems of human behavior.' He calls for state and federal help to finance scientific training, including training analysis, and for tax exemption of researchers who work in tax-exempt institutions. Kubie documents his courage when he comes out flatly for a new subdis-

cipline, a doctorate in medical psychology, to fill the glaring need for psychotherapy which cannot 'remain the exclusive domain of the medical profession'. How will the American Psychoanalytic Association and the American Medical Association react to such a suggestion? Let us remember what Freud said about this in 1926.

Malamud arrives at certain main formulations in discussing the concept of dynamics as applied specifically to psychiatric research. He quotes extensively from Socrates, Freud, and Krehl, on the concepts of Pavlov, the gestalt psychologists, Cannon, and others.

We have followed Liddell's studies on goats and sheep for many years. Several aspects of his present paper will be especially interesting to analysts. He attempts to correlate, as far as possible, certain aspects of Pavlovian concepts which he has modified crucially by the inclusion of experiential aspects, with psychoanalytic concepts. He reports on long-range longitudinal observations of the consequences of experimentally manipulated conditions. In previous papers, Liddell mainly used as a stress situation electrical stimulation leading first to conditioned reflexes. His animals, after going through a period that he succinctly calls a state of 'vigilance', later developed various manifestations of experimental neurosis.

The present experimental setting has been developed partly under the impact of Spitz's work on 'hospitalism'. It also draws on observations partly made at the Cornell laboratory showing that in goats a satisfactory mother-infant relationship can develop only under the influence of a well-determined chain of perceptual stimuli during the first hours after delivery. If this interaction is interfered with for even a very short time before it has been firmly established, this crucial relationship can never develop. The result is a complex deficiency in somatic development and ability to learn.[1] We may ask why Liddell found it necessary to include the added stress of the conditioning session to the trauma of the interruption of the mother-infant relationship. We know from Harlow's monkeys, from Schneirla's cats, and even from Lorenz's birds how severely development can be disrupted by such early traumatization.

It is difficult to convey the richness of material in the paper by Elkes, Psychotropic Drugs. To paraphrase a famous statement: rarely has so much integrated knowledge been compressed in a single

[1] Freud spoke of the 'ego' of higher animals in his Outline (1939). Such an 'ego' development has obviously been severely damaged in these animals.

chapter which has the subtitle, The Origins of Present Ignorances. Elkes points to the increasing difficulty of forming conceptional models that can cope with the wealth of data supplied by psychoanalysis, experimental animal psychology, ethology, biochemistry, and biophysics of the central nervous system—data that may provide the clue to a chemical and morphological basis of learning and information theory. Elkes attempts a provisional classification of psychotropic drugs using a carefully reasoned set of criteria.

The well-known relationship of LSD-25 to serotonin, and of mescalin to adrenalin, has given rise to speculations on the role of these neurohumoral substances or their derivatives in the pathogenesis of the psychoses, and particularly the schizophrenias. Elkes is highly sceptical of attempts to correlate the intracerebral effects of such drugs with the schizophrenic process and its etiology. Especially noteworthy is the author's very careful and critical attempt to map the potential approaches to correlation of psychologic concepts of the operation of the mental apparatus with the effect of psychotropic drugs. He shows clearly the limitations of the therapeutic value of drug therapy and surveys the organization of research to test their action.

The paper by Marrazzi, Neuropharmacological Approach—from Units to Patterns, is perhaps too technical for the uninitiated reader. One also gets the impression that his conclusions about the correlations of chemical processes to such phenomena as psychoses and hallucinations and their alteration by drugs are in contrast to the careful formulations of Elkes.

There is, however, much agreement with the views presented by Elkes in the paper by Felix, Perspective on Experimental Psychiatry. Of special interest to us is his discussion of the transmission of impulses in the central nervous system which is not, as previously thought, limited to the synapses. Instead, certain parts of the neuron are viewed as capable of giving rise to responses of different amplitudes (graded responses), depending upon the intensity of stimulus. Thus different parts of the neuron share responsibility with the synapses in introducing a plasticity in what would otherwise be an inflexible circuit. It seems also that the glia cells, which comprise eighty to ninety per cent of the cells of the central nervous system, may participate in its elective physiological activity. It is tempting to dwell here on a hypothesis about the importance of such findings

for the theory of learning and especially for the problem of 'attention cathexis'.

Gerty's paper, Discovery, deals mainly with what one could call the philosophy of science in general and of psychiatry in particular.

Only a few points can be singled out from Gerard's highly rewarding paper, The Architecture of Knowledge and Neural Functions. His main interest is the storage of information and the functional changes resulting in the learning process. He attempts to correlate the development of percepts and concepts through sensory, especially visual, input, in support of which he quotes a number of fascinating experiments. He then describes the hierarchical development of abstraction. 'Attention moves first to fairly simple abstractions, then to more elaborate ones, and finally to functional units and to historical or developmental processes. . . . Such abstractions as permeability or information-carrying or excitation become the entities of attention.' Psychoanalytic theory operates, of course, also with the concept of hierarchical layers of mental functioning. Gerard's discussion of the relation of fixation of memories to the details of the function of neural units, the relation of fixed thresholds to rigid performance, and of fluctuating thresholds to imaginativeness may be relevant to psychoanalytic concepts. Gerard finally compares the physiological concept of a functional neuron reserve with the psychological concept of psychic energy. We might prefer to correlate the concept of the functional neuron reserve with the concept of attention cathexis.[2]

Rioch's paper, Dimensions of Human Behavior, leans also on information theory. He speculates that three longitudinal divisions of the mammalian neuron tube can be divided into 1, a central part, having to do with the internal household workings of the body and their interaction with the environment; 2, an intermediate part, concerned largely with posture, locomotion, and maintenance of temporal continuity in interaction with the environment; and 3, a peripheral division, upon which all mammalian differential activity, including the trial and error development of new behavioral patterns, depends. He compares those three divisions with three interconnected sets of computers. The dimension of language, of course, greatly increases variability and modifiability of human behavior.

[2] See my discussion of the paper by Felix above.

McCulloch, the foremost representative of cybernetics at this symposium, presents his paper in the form of a travelogue in which he tells about the progress of his field in Europe and introduces us to the way his 'own computer system' works: when his train got into a fog between Sheffield and Birmingham and all the lights went out, he developed 'Fancy', a computer which would perfect a new method to imitate (McCulloch may call it 'create') improved nets of neurons. He gives us only a glimpse of the complex research done in his field, perhaps with the realization that most listeners and readers could not really understand it. He leaves us somewhat awed.

Birdwhistell, in his paper on paralanguage, introduces us to a field of particular interest to analysts who are, or should be, alert to every communication from their patients: modulation, intensity, rhythm, speed, continuity, vocabulary, and style of speech.

Hilgard's paper on hypnosis deals mainly with an attempt to establish experimentally hypnotic susceptibility and to measure the relative frequency of successful and failed tasks. He tries to correlate his results with the well-known Zeigarnik Effect. The chapters about hypnosis in therapy and especially about the theory of hypnosis are somewhat outdated because, in the meantime, the extensive study by Gill and Brenman has been published.

The majority of these excellent papers have one common theme: the attempt of varying disciplines to arrive at a learning theory. The contributors and the editor are to be congratulated on the publication of this symposium.

MAX SCHUR (NEW YORK)

HALLUCINATIONS. Edited by Louis Jolyon West, M.D. New York: Grune & Stratton, Inc., 1962. 295 pp.

The American Psychiatric Association and the American Association for the Advancement of Science jointly sponsored a symposium on hallucinations which was held at the annual meeting of the latter in December 1958 under the chairmanship of Dr. West, who also chose the topic of the symposium, selected the contributors, and edited the papers. This volume includes all the papers presented there and some of the discussions. There are twenty-five papers, eight of which report experiments with sensory isolation.

As one might expect, the quality of the papers is rather uneven. Some are speculative; others are bare reports; some are well composed, others poorly; some are sophisticated, others naïve; some are interesting, many are dull. The reported discussions seldom repay the effort of reading them and rarely look as good on paper as they sounded at the meeting. The wide variety of viewpoints represented in the collection guarantees that nothing resembling a consensus will be reached. As usual, the existentialist is most literate, the psychophysiologist most complicated, and the clinician most arbitrary. One sees again the tendency that pervades much of psychiatric writing today, to refer to Freud respectfully from time to time, but without using his insights even as a point of departure.

It is sad also to see how the ponderously 'scientific' discussions lead, after involved reasoning and appeal to electronic analogues, to the simple clinical observations of psychoanalysis, now half a century old. 'To the extent that we immediately, automatically, and erroneously assign the source of excitation beyond the boundaries of the body and project images beyond the receptors, all experience is hallucination.' How much more clearly and helpfully Freud dealt with the same concept in 1913! Another contributor suggests that 'it is interesting to speculate on the possibility that the houses people build for themselves and the kinds of contrivances in which people are interested represent the way they feel about their body'. It certainly is. The psychoanalysts have been making this point for several decades now.[1]

Among the better papers one may mention that of the Duke psychophysiologic group which includes Bressler, Silverman, Cohen, and Shmavonian. They are able to induce visual experiences after relatively brief periods of imperfect isolation, whereas others fail with prolonged periods of heroic isolation because they appreciate the importance of the anxiety of the unknown in inducing the pathologic reaction. Modell's theoretical review of the metapsychologic theory of hallucination is well written and worth reading. I was pleased to see how clearly several investigators made the distinction between the hallucinations of schizophrenia and those of hallucinogenic drug delirium. Malitz reports that phenothiazine tranquilizers induce temporarily an intensification of visual hallucinations when

[1] *Cf.* Nunberg, Herman: *Principles of Psychoanalysis. Their Application to the Neuroses.* New York: International Universities Press, Inc., 1956, p. 120.

given to a subject who has had LSD. This sounds reasonable because I have found that tranquilizers often induce hallucinations temporarily when given to psychotic schizophrenics.

The volume is useful to the psychiatrist for it gives him a view of the way in which research is being done on hallucinations at the present time. The psychoanalyst who works with psychotic patients will be interested in the diverse phenomena described, for he will want to check his theoretical formulations against them.

MORTIMER OSTOW (NEW YORK)

DIALOGUES WITH MOTHERS. By Bruno Bettelheim. New York: The Free Press of Glencoe, Inc., 1962. 216 pp.

For a number of years Dr. Bettelheim conducted meetings with a group of young parents to discuss the everyday problems they encountered in caring for their children. This volume contains a representative sample of transcriptions of these discussions. Included are such diverse problems as when should a child be weaned from the bottle; what to do with a three-year-old girl who still wets herself; how much and when should a pacifier be used?

The author avoids the parents' persistent efforts to draw him into giving advice or theories of child care. Rather, he seeks to teach them how to think about the problems and how to ask meaningful questions. He feels that once this has been accomplished the solution to the problem will usually be self-evident. This is quite an expectation, since the task of teaching people to think and to ask fruitful questions is formidable in itself. It is not surprising then that Dr. Bettelheim falls far short of this ambitious mark.

One of the major guideposts for parents in these dialogues is the question, 'Why would I do this?', which underscores the utility of the parents' empathy in understanding the child. A second, related question, 'Are they so different?', is concerned with the tendency of some adults to view the functioning and motivations of the child as if they were different from their own and had a correspondingly simpler texture. A third question is, 'What kind of child do you want?'. Apart from some trivial applications of this query, the author offers the complicated and subtle thesis that varying continua of gratification, frustration, and prohibition will tend to produce

differing organizations of the child's personality. This is an exciting vista but it is doubtful whether anyone is able to perform this abstruse calculus. Undoubtedly a parent who can assimilate these points will have a powerful tool in approaching the many problems inherent in a child's development. One cannot help wondering whether the ubiquitous neurotic conflicts of the adult may not result in lapses in his ability to apply Dr. Bettelheim's type of thinking. It is likely that many of the child's difficulties arise within the locus of parental conflicts.

Any pediatrician will attest to the urgent need for guidance in the area under consideration here. Although Dr. Bettelheim falls short of the ambitious but laudable goal he sets himself, he does succeed in one worth-while purpose; the reader will certainly be stimulated to think about this important problem.

HERMAN ROIPHE (NEW YORK)

DETERMINANTS OF INFANT BEHAVIOR. Edited by B. M. Foss. New York: John Wiley & Sons, Inc., 1961. 308 pp.

Ten papers presented in 1959 at a Tavistock Study Group on Mother-Infant Interaction reflect some recent thinking about infant maturation by advanced workers in psychology, pediatrics, psychiatry, and zoölogy, with some contributions from obstetrics and psychoanalysis.

Part I, Neonate Behavior, offers a study by Blauvelt and McKenna on the regular neonatal response of head orientation to tactile stimulation of mouth and ear. Gunther reports his finding of one hundred percent correlation (in how many mothers?) between the shape of nipple and effectiveness of breast feeding; Prechtl deals with neuropathological damage following complications of birth, imputing the damage to fœtal position during the last part of pregnancy rather than to specific or central lesions.

Part II, Animal Experiments, contains a paper by Rosenblatt, Turkewitz, and Schneirla describing a sophisticated and significant investigation of the effects of early separation upon the socialization of the domestic kitten and upon the response of the adult female. Harlow reports important experiments with rhesus monkeys, de-

lineating their reactions to fearsome objects and their retention of affectional responses to cloth mothers.

Part III, Social Behavior, begins with an account by Appell and David of a severely retarded, two-year-old girl whose development under therapy rose to normal and made possible her release from the institution where she had been treated. In sharp contrast is a paper by Rheingold on the effects of differing environmental stimulation (both home and institution) upon the social and exploratory behavior of three-month-old infants. Ambrose reports a simple but careful experiment to measure variations in the smiling response to standard stimulations among infants at home and in institutions. The response appeared and reached its peak earlier in the home infants; in general, the strength of the response declined gradually during the observation period (eight to twenty-six weeks). Hinde stresses the effects of stimuli leading to increase or decrease of response strength and changes in responsiveness that take place with age and experience.

Part IV, Theoretical Approach, has one paper by Gewirtz with a brief comment by Bowlby. A Learning Analysis of the Effects of Normal Stimulation, Privation, and Deprivation on the Acquisition of Social Motivation and Attachment is both overabstract and oversimplified. It takes apart without indicating a plan for synthesis, deals in exact manner with questions that are meaningless from a dynamic standpoint, and, as the author would concede, is of no help in the further investigation of problems related to inner psychic phenomena.

Harlow, Rheingold, and Gewirtz are well known in American psychology, and their attention to specific kinds of observational data is important. It is unfortunate, however, that three of the four American psychologists at the conference should have been proponents of classical learning theory. They seem compelled to emphasize the observable acquisition, perpetuation, or extinction of specific items of behavior and often remain naïve about the meaning of affective phenomena in human terms. More of the relevant work in infant physiology also would have been welcome and useful.

The Tavistock Clinic has done a service in bringing to our attention the work of those investigators who had the opportunity or were willing to report their studies of infant behavior. Some of the best work is being done with animals and birds. It appears that

psychoanalysts, four or five of whom were present at the conference, have not yet found a way, nor felt it sufficiently important, to report what they know about psychic development during infancy.

SYLVIA BRODY (NEW YORK)

THE NOTEBOOKS OF SAMUEL TAYLOR COLERIDGE. Vol. II in Two Parts (1804-1808). Edited by Kathleen Coburn. Bollingen Series L. New York: Pantheon Books, 1961. Text, 478 pp; Notes, 548 pp.

> Wednesday Morning, May 9th—a day of Horror . . .
> after two long frightful, fruitless struggles . . .
> I remained still three quarters of an hour . . . with
> pains and sore uneasinesses, and indescribable desires . . .

> Thurs. May 10th/—pretty well—. . . we catch large Turtles/ beautiful, indeed heavenly Sunset . . . of a delicious Marone, a mulberry red—& this dying away into a rich smoky yellow-green/ above it the new moon/—The double Path . . . of white light from the Reflection of the Sails to each Ship in the daytime, a pleasant Image . . .

Thus, in consecutive entries in these Journals, Coleridge on his constipation and on an impression from his voyage to Malta. The strange juxtaposition is typical of these volumes, which are the attic of a poet's mind. In them we learn how to plant oak trees, what helps amenorrhea, what makes Faith desirable. Here are stanzas from Dante, recipes, the addresses of friends, transliterations of the name 'Wordsworth' into Greek. There is plenty of junk; but even as this attic is fuller than most, it also reveals more gleams of treasure well worth the dust and frustration encountered in the exploration. For among the metaphysical speculations and the anecdotes from newspapers we find trial lines that will reappear later in The Ancient Mariner or Kubla Khan (and others that will not, yet are worthy to); we find breath-taking moments of physical or intellectual vision—and we find a self-observation that produces foreshadowings of Freud and modern psychology.

For Coleridge was always watching himself and thinking about what he saw. 'Indescribable desires' he perceived while trying to re-

tain the enema—and the psychoanalyst notes a suggestion of the pleasures of the bowels to be discovered by Freud a century later. The book is full of hints, of fleeting allusions, of visions, insights no sooner mentioned than left behind, unexplored.

> In looking . . . as at yonder moon dim-glimmering thro' the dewy window-pane, I seem rather to be seeking, as it were *asking*, a symbolical language for something within me that already and forever exists, rather than observing anything new . . . as if that new phaenomenon were the dim Awaking of a forgotten or hidden Truth of my inner Nature . . .

Coleridge offers a theory of compulsive thought and activity in another passage.

> I was standing gazing at the starry Heaven, and said, I will go to bed the next star that shoots/Observe this [same tendency] In counting fixed numbers previous to doing anything, &c. &c. &c. and deduce from man's own unconscious acknowledgment man's *dependence* on some thing *out* of him, on some thing more *apparently* and believedly subject to regular and certain Laws than his own Will and Reason.

His dreams, however, are the poet's chief material for psychological speculation. He is, for instance, struck by the importance of one's physical state on the formation of dreams. Not that he ever betrays the shallowness and vulgarity of the many who have sought to dismiss dreams as explicable simply by, for example, the existence in the stomach of undigested beefsteak. Coleridge's observation is more subtle.

> How often am I doomed to perceive & wonder at the generation of violent Anger, in dreams, in consequence of any pain or distressful sensation in the bowels or lower parts of the Stomach/When I have awoke in agony of pure Terror, my stomach I have found uniformly stretched with wind/but anger not excluding but taking the Lead of Fear . . .

He notes also the effect upon dreams of the position of the body, observes that a nervous person, or one ill with disease of the bowels, is better able than a healthy man to carry on his dream after waking and to observe its 'increasing faintness and irrecollectibility'.

Among Coleridge's many remarks about his dreams—some of his deductions more, some less, explicit—a recurrent note is his emphasis on the fact that dreams have a meaning larger than what we should call their manifest content. The images in the dream may represent, he says, feelings not sensed in the dream but lurking somewhere beneath its surface as we are aware of it. Sometimes the characters and events of the dream likewise stand as representatives of a number of other persons and happenings not occurring in the dream itself. There is, says Coleridge, a 'universal-in-particularness of form' in dreams—is not this the poet's perception of what Freud called overdetermination?

The present is the second double volume (one of text, one of notes) to be published; the notebooks will eventually be available complete in five or six double volumes. The editing is wholly admirable, as is also the physical format. Miss Coburn and her helpers make almost all Coleridge's obscurities clear by an extraordinary wealth of learning that includes even psychoanalytic writings. To the psychoanalyst these volumes offer, first of all, pleasure. Beside that, Coleridge's untiring wish to know and to understand the whole world leads us, not merely to Freud and the country he explored, but on journeys even far beyond that—many of them into countries still uncharted and unknown.

Readers of This QUARTERLY, being connoisseurs of dreams, may be interested to learn that one of the most famous specimens may not have been a dream at all (as has been suspected by some recent critics). Coleridge, in his well-known account of the episode, described how, having taken 'an anodyne', he fell asleep and in that sleep composed his famous Kubla Khan, seeing as he did so 'all the images [which] rose up before him as *things* with a parallel production of the correspondent expressions, without any sensation or consciousness of effort'.

In a manuscript recently acquired by the British Museum, however, the poet describes the work as 'composed in a sort of Reverie brought on by two grains of Opium, taken to check a dysentery'. This fragment suggests that the poem is indeed something other than the manifest content of a true dream.[1]

G. F.

[1] The new version is reproduced in *The Times Literary Supplement* (London), 16 February 1962.

PSYCHOTHERAPY IN THE SOVIET UNION. Edited and translated by Ralph B. Winn, Ph.D. New York: Philosophical Library, Inc., 1961. 207 pp.

This cross-section of contemporary Russian psychiatry contains thirty-five papers, most of them very short. Unfortunately, no references indicate when and where the papers originally appeared; the accuracy and quality of their translation could be judged by this reviewer in only a single instance, where it proves to be fluent, perhaps somewhat free, but adequate.

Soviet psychiatry is based theoretically on Pavlovian premises. Miasnischev's important paper is no exception. However, in his view 'the legacy of Pavlov . . . does not consist merely in automatically repeating Pavlov's words, but rather in deepening and making more intelligible our conception of man, in all his activities, as a union of psychology and physiology'. The author goes on to say that Pavlov's critical attitude toward the psychology of his day was directed rather against 'any type of idealistic methodology'; indeed, 'Pavlov put the psychoclinical approach to health and disease ahead of the physiological one'. Pavlov even expressed the conviction that, in order to clarify the function of psychology in psychiatry, it is absolutely necessary to bring psychology and physiology into a very close relationship. Miasischev is of the opinion that scientific achievements in the physiology of the higher neural centers and activities have provided 'the knowledge of the laws of normal neural activity, complex interrelations among individual processes, and mechanisms of pathological deviation'; Pavlov's concept that the secondary signal system exists exclusively in man best explains the regulatory function of these processes. He said, 'Words can serve as real conditioning stimuli beyond any quantitative or qualitative comparison with any other stimulation in animal life'. Thus, speech is the most significant apparatus in human beings subject, however, to certain specific laws which have not yet been sufficiently studied as an integral part of normal or pathological physiology.

Miasischev distinguishes 'two basic forms of psychotherapeutic influence—suggestion and persuasion', which 'differ mainly in the purpose of activating words. Sometimes they are contrasted as the irrational method and the rational one'. Elaborating further on this distinction, he plunges into physiology: 'In the first instance [that is, in suggestion], the efficiency of the word is determined by changes

in the response of the patient's cortical centers in the state of hypnosis. In the second instance, the cortical inhibitions and facilitation typical of hypnosis are absent; in fact, the process of persuasion is found among the highest activities of the secondary signal system and makes conscious and critical analysis readily accessible to the patient' (pp. 12-13).

Miassischev further differentiates two main forms of hypnosis—one which 'is inseparable from an emotional attitude toward the hypnotist who becomes the source of overpowering stimulations' and the other which has the effect of pacifying and of making one sleepy (pp. 12-13). However, Miassischev does not sufficiently clarify this distinction. Citing several brief case histories to support his argument, he states that the 'so-called sexual trauma represents . . . but an outer appearance capable of assuming a great variety of forms, which only conceal entirely different and highly individual traits of personality' (p. 18). For instance, a woman developed a fear of cancer because her husband had been unfaithful and 'regarded her husband's conduct as a shocking insult to herself, making it completely impossible for her to trust him any longer' (p. 17). Miassischev asserts that this circumstance alone 'constituted the original cause of her mental condition' (p. 17). There is no inkling of the way in which he reached this conclusion, and he provides no other data for this case.

The persuasive force of the spoken word seems to be the leading therapeutic device used by most of the contributors to this volume. For example, Platonov uses the term 'speech therapy' to refer to 'the immediate curative influence of the physician's words in his dealing with the patient' (p. 21). He further states that there is apparently no human organ or tissue whose condition cannot in some way be modified by words and suggests that 'speech therapy . . . is now clearly indicated not only in psychogenic disturbances but also in other illnesses' (p. 26). Among the methods of treatment he recommends is 'special verbal suggestion leading the patient to the state of deep rest, in which he remains for a definite prescribed time' and adds: 'We refer here emphatically to the state of deep rest because this kind of suggestion is capable of bringing about wider biochemical changes in the patient's organism than can possibly happen under the conditions of ordinary rest and tranquility' (p. 29).

Povarinsky treats cigarette addiction by medication intended

to make smoking unpleasant, and by hypnosis and persuasion—the same two methods espoused by Miassischev. Povarinsky finds hypnosis unsatisfactory because hypnotic suggestion 'disregards many experiences intimately connected with smoking', and because 'it has been known to establish various conflicts within the patient's mind' (p. 146). Yet his two cases seem to exemplify incorrect use of hypnosis rather than inappropriateness of hypnosis as such. Gordova and Kovalev use hypnotherapy in the treatment of alcoholism, either alone or in conjunction with apomorphine.

Kapol-Levina reports, in Therapy of Certain Forms of Hysteria, that 'the general disturbance of skin sensitivity around the defective organ may be regarded as a definite diagnostic sign of functional disturbance' (p. 78) and describes a method whereby functional disturbances of sense organs, as well as of speech and kinesthesis, are treated by gradually approaching the affected area from the region of normal sensitivity through a series of pinpricks. Paucity of detail prevents adequate evaluation of this finding.

Chitava maintains that 'under the influence of sleep there is strengthening of the protective forces of the organism leading to a better tonus of the nervous system' and that medicinal sleep induces 'favorable opportunities for psychotherapy' (p. 84).

Haletsky interprets phobias mainly in Pavlovian terms. While the bulk of the chapter is devoted to what he calls 'simple phobias', his examples, which might be viewed more appropriately as instances of stage fright, are rather narrowly interpreted as fear of loss of memory. In simple phobias the patients are usually 'aware of the origin of the phobic symptom, but tend to minimize the pathogenic side of the original experience which, anyway, has in the meantime lost its significance' (p. 174). Haletsky recommends inducing the patient to relax (partly by means of exercises) and pointing out to him some of the conditioned links in the establishment of the pathological reaction.

As for the more complex phobias, Haletsky says somewhat cryptically that 'this problem has never been sufficiently studied, perhaps because it readily reminds us of the psychoanalytic theory of repression'. Here we have a clue to the true culprit, the real inhibiting factor in the slow progress of psychotherapy in the Soviet Union. In his contribution, On the Psychotherapy of Schizophrenia, Molokhov states that 'the main obstacle to the use of psychotherapy

in schizophrenic cases has lain since the beginning of the century in the psychoanalytic approach to the understanding of pathology of the mind' (p. 113). Miassischev complains that 'the main fault of group psychotherapy, as interpreted by foreign specialists, consists in its dependence on the teachings of S. Freud'.

Of course, in any Soviet approach to psychotherapy, the unconscious is not merely neglected but is emphatically negated. 'The psychoanalytic schools cling to the notion that the unconscious is a separate subdivision of the psyche, essentially independent of the external world, the environment, and one that exerts a decisive influence on man's consciousness. Man is thus fenced off from the world, from the reality of which he is a part and outside of which, indeed without his oneness with which, he is inconceivable'. These are the words of D. Fedotov, Director of the Institute of Psychiatry of the U.S.S.R. Ministry of Health, from an article published some years ago.[1] In essence, they are also the words which this reviewer heard again and again in his discussions with Soviet psychiatrists during a recent visit to Russian psychiatric institutions. But it is worth pointing out that in Soviet Russia today criticism of psychoanalysis as an idealistic philosophy is no longer fashionable; rather, it is criticized as a theory grounded 'on the false proposition that man is by nature aggressive'. I could not ascertain whether the psychiatrists with whom I talked had read Fedotov's article, but they all referred to the famous correspondence between Freud and Einstein, as did Fedotov, and all their wisdom seemed drawn from the same well. Their somewhat naïve reasoning, their uniformly dogmatic rigidity, was not amenable to any rational and scientific argument.

Miassischev's chapter, Certain Theoretical Questions of Psychotherapy, ends with a statement which precisely expresses the contemporary Russian concept of psychiatry: 'Soviet psychotherapy, built on the traditions of Marxism-Leninism, Pavlov's physiology, and materialistic psychology, has a truly scientific foundation; it is closely related to hygiene and prophylaxis. Under conditions of a socialist society, it has every chance of extensive growth and fruitful application to the protection and restoration of the workers' health.'

PAUL FRIEDMAN (NEW YORK)

[1] *Cf.* Fedotov, D.: *The Soviet View of Psychoanalysis;* and Reider, Norman: *A Psychoanalyst Replies.* Monthly Review, IX, December, 1957.

CURRENT PSYCHIATRIC THERAPIES. Edited by Jules H. Masserman, M.D. New York: Grune & Stratton, Inc., Vol. I, 1961. 246 pp.; Vol. II, 1962. 289 pp.

The function of handbooks, symposia, and annual reviews is to provide a convenient though brief survey of a field of thought. The cynic might be reminded of a Reader's Digest version of Faust, but there is no question that our mushrooming publications make condensations necessary and useful. Still, volumes such as these lend themselves to critical evaluation not much more easily than an issue of a journal. The first volume contains twenty-seven papers, the second, thirty-five. All deal with aspects of psychiatric therapy. The level of sophistication, the scope, and the background of the contributors vary, and the section headings are hardly more than awkward afterthoughts. Nevertheless, a psychoanalyst primarily preoccupied with problems of his own practice might peruse these volumes profitably to keep abreast with what the rest of the psychiatric world is doing.

LEOPOLD BELLAK (LARCHMONT, N. Y.)

PSYCHOLOGICAL ANTHROPOLOGY. APPROACHES TO CULTURE AND PERSONALITY. Edited by Francis L. K. Hsu. Homewood, Ill.: The Dorsey Press, Inc., 1961. 520 pp.

This book is a collection of fifteen papers apparently intended to be used as a textbook. Of its four parts the first contains papers relating to culture and personality in such major areas as Japan and Africa and among the Indians of North America. There is a paper by Alex Inkeles on national character as related to modern political systems and one by the editor on the United States. The second part, Methods and Techniques, is a mélange. It includes papers on the use of projective techniques, biological and cultural factors in mental illness, the role of the dream, and the relationship of anthropology and psychology. Part three, Socialization, Culture and Feedback, is comprised of the following papers: Socialization, Process and Personality; Culture and Socialization; and Kinship and Ways of Life. Part four, Assessment, contains one paper by Spiro, An Overview and Suggested Reorientation, claiming that culture and

personality, or psychological anthropology, should be included within the mainstream of cultural anthropology since culture itself is filtered through personality. The bibliography is highly selective and incomplete and the book ends with several pages of photographs.

The papers are uneven, as is true of most compendia, and with one or two exceptions they show little knowledge of psychoanalysis. For one thing, there is no contribution by anyone with sound training in both psychoanalysis and anthropology. Most of the authors mean by personality nothing that would be recognized as such by the psychoanalyst. Many of the papers deal not with personality but with institutionalized child rearing and social structure. And, although there are a few exceptions, the level of knowledge of psychoanalytic theory and of clinical data is low. For instance, several of the papers refer to Malinowski as showing that the œdipus complex is not universal, because in the Trobriands there is no overt hostility to the father; the maternal uncle is the target instead. There is a double error in this. Malinowski did not make observations of children at the height of the phallic phase, and the œdipus complex cannot be treated as if it were a completely conscious phenomenon. The paper on dreams negates the use of free association and of latent content. Nowhere is there an effort to link culture to the psychoanalytic theory of personality and to phases of psychosexual development. Wallace's Mental Illness, Biology and Culture is a plea for reinstatement of the organic factor in mental disturbances and argues that Freud's hysterical patients had a calcium deficiency. Hysteria is so rare today because nutrition is so much better. This paper tries to rule out psychogenic explanations of mental illness in favor of organic and cultural explanations, with the cultural explanation used to explain variations in the conditions giving rise to the organic factors. Wallace ignores evidence unfavorable to this thesis. For instance, he does not mention Kety's work in schizophrenia.

Some of the papers are of more value. Kaplan makes a strong argument against the cross-cultural use of projective tests and points out that personality should never be evaluated on the basis of only one test. These points would rule out most of the culture and personality studies based on projective tests. Inkeles' paper on national character and politics is not a survey of the results of studies on an area, as are the other papers in the group, but is a sophisticated treatment of some of the relationships between personality and

politics, a field in which the ground was broken many years ago by Harold Lasswell. Whiting's paper is a survey of cross-cultural studies, most of them based on the Human Relations Area Files, which test 'hypotheses concerning the way in which elements of culture can be integrated by underlying psychological processes'. The studies are essentially quantitative and, if not conclusive, at least stimulating.

Overall, one is left with the impression 1, that if this book represents a valid sample of what anthropologists do with personality, then the important theorist is not Freud, but Margaret Mead; 2, that there is a psychic structure, but it is confined to the peripheral aspects of the ego and the conscious contents of the superego; and 3, that the id never was, and that the formation of personality is not explained by inborn mechanisms and conflict but by learning theory.

SIDNEY AXELRAD (NEW YORK)

THE ART OF THINKING. By Dagobert D. Runes. New York: Philosophical Library, Inc., 1961. 90 pp.

This small book contains twenty-five essays, each two to three pages in length. The author writes against shoddy emotions, greed, cowardice, snobbism, and dictatorship; he is for serenity, free thinking, wisdom, and tolerance. The essay on daydreams and nightmares is of interest to the analyst as a collector's item, recalling as it does the type of criticism of Freud which was more characteristic of the turn of the century than of now.

In summary the essays espouse in a semireligious manner the bromidic, the banal, and the platitudinous.

WALTER A. STEWART (NEW YORK)

SUICIDE AND MASS SUICIDE. By Joost A. M. Meerloo, M.D. New York: Grune & Stratton, Inc., 1962. 153 pp.

'I like the essay form', says the author in his foreword. 'It liberates me from the limitations of scientific writings. I don't have to succumb to the scholar's compulsion to quote as many fellow professionals as possible and thereby wear a mask of sophistication. I can try to get rid of scientific jargon and magical, mystifying

words. . . . Above all, in the essay form, I can contradict myself and I can use emotional illogic just as frequently as scientific exactitude.' Indeed, this book is not meant to be a scientific monograph based on clinical observations and statistical data. The latter, in fact, are only rarely cited. And it is all the more regrettable that the source of the one thousand cases on which the author bases his detailed tabulations of motivations to suicide was completely omitted.

This book, in short, is but a collection of philosophical reflections, broad definitions, and eloquent aphorisms. To the old aphorisms to which the author refers with some condescension are added a few new ones. For instance, 'suicide represents the precocious victory over the inner drive toward death'. Or, 'there is also the secret belief in mystical rescue and revival; an urge to make a magic offering to the gods, and many other motivations contributing to the fateful act. Passivity means lack of vitality. The man who is weak and has an awareness of it may compensate with a fantasy of power, and the will to power is a frequent motivation of suicide. . . . Life begins with violent departure—the trauma of birth—and life ends with departure—the trauma of death', philosophizes the author.

His gift for poetic imagery often carries him beyond the frontiers of clinical experience. To say that the homosexual act represents a suicidal tendency, 'an inner fury against prolonging the race', is one typical example of this kind of speculation. Or that 'having produced children can be symbolically experienced as a suicidal act'. Or again, that 'bringing children into the world stimulates in many people the idea: "Now I can die, because my seed goes forth" '.

This reviewer agrees completely with Meerloo on prevention and therapy; that hospitalization is never a cure-all for suicidal patients but rather that 'a positive doctor-patient relation is the best protector . . .'. He also has this reviewer's sympathy when he states that clinical psychology and the arsenal of the most complicated personality tests have so far not enhanced our understanding of the problem.

In this book, however, the author has concentrated more particularly on mass suicide. And it is at precisely this point that the arguments grow thin, if not totally inaccurate. Drawing on his experiences under Nazi terror, he arrives at some astonishing convictions. Consider his baffling statement that 'many of my Jewish

patients who could have escaped [from the Nazis] remained at home passively waiting for their executioners'. The author undoubtedly was not aware that such statements reach a crescendo of absurdity in his pronouncement that 'when one hears the description of many of the six million Jews going to the gas chambers, weak, paralyzed, or in a religious ecstasy, one must accept the existence of a mass suicidal drive'. This is neither the time nor place to enter into a polemic on the notion of passive masochistic surrender of the Jews to the Nazis—a notion which has recently been the subject of much controversy—but it suffices to say that this 'psychologistic' sophistication defies objective, historical facts. The victims of Nazi persecutions have no pretensions to heroism. They did not survive by virtue of their strong egos, as I have endeavored to show elsewhere.

Dr. Meerloo's speculation on this subject is clearly only one instance out of many where 'emotional illogic' triumphs over 'scientific exactitude'.

PAUL FRIEDMAN (NEW YORK)

PSYCHIATRISTS AS TEACHERS IN SCHOOLS OF SOCIAL WORK. Report No. 53. New York: Group for the Advancement of Psychiatry, 1962. 49 pp.

It is easy to agree that those interested in the study and amelioration of human behavior should have the means to communicate with each other and share experiences, but it is not so easy to agree on the method. Particularly for psychiatrists and social workers, the need is great. This report indicates fairly and helpfully the problems these two influential professions have in making common cause—psychiatry from the individual's side and social work from society's. There is, of course, no need to make a social worker of the psychiatrist or a psychiatrist of the social worker. Each of these disciplines has all it can cope with if it sticks to its own last. If this report accomplishes nothing else (and I think it has done much more) than suggest ways in which the psychiatrist can serve the social worker better by understanding more clearly the social worker's needs, it will have achieved its purpose.

LEON L. ALTMAN (NEW YORK)

# ABSTRACTS

International Journal of Psychoanalysis. XLIII, 1962.

**Ego Autonomy in Sensory Deprivation, Isolation, and Stress.** Stuart C. Miller. Pp. 1-20.

Miller collates material from biographical, experimental, clinical, and theoretical writings relevant to sensory deprivation, and re-examines the concept of ego autonomy in connection with this phenomenon. He finds that maintenance of ego autonomy is associated with ego activity and regression in the service of the ego, whereas impairment of ego autonomy is associated with ego passivity and regression proper. Certain disparities among previous formulations are discussed. For instance, Rapaport has suggested that ego autonomy from the id varies reciprocally with autonomy from the environment, and he conceived of sensory deprivation as maximizing 'ego autonomy' from the environment, whereas Gill and Brenman regard these two aspects of ego autonomy as varying symmetrically. Miller cites various reasons for preferring the formulation of Gill and Brenman, and even questions the desirability of conceptualizing these two 'ego autonomies' as separate functions. He proposes a new definition of ego autonomy, emphasizing the capacity for self-government and bringing it into relationship with both the demanding and the nondemanding aspects of id and environment. This more complete definition seems to offer greater clarity and consistency.

**Dream Psychology and the Evolution of the Psychoanalytic Situation.** M. Masud R. Khan. Pp. 21-31.

Khan presents an integrated series of hypotheses concerning relationships between the analytic situation, and sleep and dreams, and, in capsule form, the relevant theoretical material from the analytic literature. The unique and valuable outcome of Freud's self-analysis was his invention of the analytic situation, a waking replica of that intrapsychic state conducive to a 'good dream'. The analyst is seen as assuming the role of the 'arouser', the wakeful one who guides the regressive drift of the patient's free associations and gives them meaning and shape through interpretations. Khan's construct of 'the good dream' is modeled on Kris's concept of 'the good hour'; it denotes a dream which incorporates an unconscious wish through successful dreamwork, thus sustaining sleep, and yet remaining available to the ego after awakening. The capacity for having 'good dreams' Khan finds to be a measure of ego strength and analyzability, and this clinical finding is related to the hypothesized derivation of the analytic situation from dream psychology. In borderline cases, the analytic situation is no longer analogous to the psychic situation in dreaming.

**An Observation on the Defensive Function of Schizophrenic Thinking and Delusion-Formation.** Charles Rycroft. Pp. 32-39.

Rycroft describes material from the analysis of a paranoid schizophrenic patient, comparing it with that of the Schreber case and delineating various defensive layers within the thought disorder. He particularly emphasizes how the

decathexis of reality and instinct to avoid guilt and anxiety led to a loss of identity; the loss of identity then was combated by the construction of a megalomanic delusion. The delusions of omnipotence were in turn threatened by contact with people who held incompatible conceptions of reality, and therefore the delusions had to be safeguarded by seclusiveness and modifications in their content.

**The Mute Sad-Eyed Child: Collateral Analysis in a Disturbed Family.** Gillian Elles. Pp. 40-49.

This paper describes a Kleinian analysis of a three-year-old boy, a mute, sad-eyed child. Of special interest are the reactions of the three other family members to the progressive improvement of the patient. As his symptoms disappeared during analysis, first his mother, then his younger sister, and finally his father developed overt depressions, mimicking to varying degrees the presenting symptoms of the boy.

**Psychoanalytic Therapy of Religious Devotees.** Sandor Lorand. Pp. 50-58.

In this paper, Lorand discusses a number of technical and theoretical aspects in the psychoanalysis of religious devotees. He limits his comments about religious beliefs and practices to one question: how and to what extent do they contribute to the patient's neurotic disabilities?

The cases, only briefly described, all had hysterical symptoms which Lorand found to be related to œdipal conflicts. However, a most consistent and important feature was extreme submissiveness, which served to secure love and protection as well as to deny strong unconscious hostility. The dynamics included an oral dependency upon mother and father and prominent masochistic elements, both serving as defensive regression from an œdipal conflict. Free association is very difficult for these patients because they equate with confession the verbalization of thoughts and feelings forbidden by their religion. In psychoanalysis, the 'confession' goes beyond what one is prepared to confess and leads to further disturbing material, rather than to reassurance and absolution. Lorand recommends a long period of reconstructive work in the early phases of analysis with these patients.

M. Royden C. Astley comments on the paper and discusses the close parallelism between Lorand's observations and his own classification of conflict areas between psychoanalysis and religion.

**Disposition and Memory.** Stuart Hampshire. Pp. 59-68.

This paper by an English philosopher was originally presented to the British Psychoanalytic Society as the Ernest Jones Lecture for 1960. Hampshire seeks to integrate psychoanalytic theory into the philosophical view of the human mind. He uses the nontechnical concepts of 'disposition' and memory as the major links to join the two fields.

'Disposition' is used to refer to the emotions and impulses within an individual which predispose him to take some action with respect to some person. By emphasizing the ontogenetic view, the author demonstrates that a gradual process of interiorization leads to the pure instance of 'disposition' without

any action; by the same token, he identifies the fallacy in one prevailing philosophical view which regards 'emotions and sentiments as primarily something hidden in a man's consciousness and as linked by a contingent and causal relation to their outcome in behavior'. He discusses the critical importance of the capacity for language in human beings, which he sees as making possible the many higher mental processes: the ordering of time, the human faculty of deliberate choice, and the extension of our possible desires beyond those objects physically present at a given time.

The second mental concept chosen for this essay—memory—is also viewed genetically by the author, and includes the extended concept of total memory, either conscious or unconscious, for important events. Hampshire points to the major role of unconscious memories in providing nonrational motives for conduct. Unconscious motives or inclinations, however, are sharply distinguished from intentions, the latter concept being 'preserved free from any taint of the less-than-conscious'. By means of careful clarifications such as these, the author is able to elucidate several thorny issues: e.g., psychoanalytic 'determinism' which nevertheless is incapable of prediction; the critique of psychoanalytic formulations as 'retrospective causal explanations'; and the validity of a teleological rather than causal orientation in investigating mental processes.

**Infantile Narcissistic Trauma. Observations on Winnicott's Work in Infant Care and Child Development.** Martin James. Pp. 69-79.

This paper is a review of Winnicott's Collected Papers. The author places Winnicott's relatively unconventional work in its relationship with Anna Freud, Hartmann, Glover, and others. James points out that Winnicott's preoccupation with psychosis and psychotic defenses (in connection with their presumed origin in the narcissistic phase) complemented the concurrent mainstream of analytic concern with ego-analytic theory and the neuroses; similarly, he feels Winnicott's emphasis on the psychological aspects of the infant's first six months of life complemented the interest of Spitz, Mahler, and others in slightly older children.

The author believes one reason for the relative neglect of Winnicott's work is the fact that he is regarded as a Kleinian. James feels this is not the case, although he admits that Winnicott's papers occasionally lapse into a sort of overcondensed shorthand which lends credence to that classification. Two other sources of prejudice against Winnicott's work, according to James, are his emphasis on regression within the therapeutic setup and his major emphasis on the therapeutic tool of management rather than interpretation. James cites passages, however, in which Winnicott expressly distinguishes such therapy from psychoanalysis proper. It is clear that the author admires Winnicott's work, but one gains the perhaps unfortunate impression that his review is in considerable measure an apologia for Winnicott's unorthodoxy.

**Anxiety and Depression-Withdrawal: The Primary Affects of Unpleasure.** George L. Engel. Pp. 89-97.

The author draws on material from ethology, infant observation, and primate experiments as well as from psychosomatic and psychoanalytic papers to con-

struct his classification of affects. Anxiety and depression-withdrawal cited as two primary affects of unpleasure, are then examined with respect to their ego, self-object, and drive aspects. The attitude of 'fight or flight' is seen as characterizing the affect of anxiety, while 'giving up' characterizes depression-withdrawal. The paper concludes with some brief clinical implications derived from the metapsychological considerations presented.

**The Manic-Depressive Problem in the Light of the Schizoid Process.** Harry Guntrip. Pp. 98-112.

The author seeks to bring about a major reorientation of clinical and theoretical thinking, particularly in regard to depressive illnesses. However, he extends his comments to the whole range of phenomena which classical analysis has related to the œdipus complex. He draws heavily on the writings of Klein and Fairbairn to develop the thesis that classical depression is the result of an unsuccessful attempt to defend oneself against a schizoid withdrawal by clinging to ambivalently valued objects (essentially bad objects). Similarly Guntrip sees mania as a defense against regressive tendencies, i.e., against devitalization and passivity. To illustrate his thesis, he cites clinical material from the case of one manic-depressive patient.

Indeed, Guntrip regards the basic conflict in all emotional illness to be either the expression of or the struggle against regression, i.e., withdrawal to a womb-like state or flight from life. Like Fairbairn, he regards the œdipus complex as 'an end product of infantile insecurity and not as the cause of psychoneurosis per se'. He consequently believes that the œdipal material must be analyzed in treatment not as the ultimate cause of neurosis but rather, to be seen as a defense against the deeper schizoid tendency.

**Comparison and Development of the Psychoanalytic Theories of Melancholia.** J. O. Wisdom. Pp. 113-132.

This is a careful attempt to detail the theoretical hypotheses involved in the classical (Freud-Abraham) view of psychotic depression and to compare those hypotheses with a similarly explicit set postulated by the postclassical (Kleinian) analysts. To aid in this comparison, Wisdom utilizes the distinction between orbital introjects and nuclear introjects which he has set forth in previous papers. He discusses in admittedly cursory fashion primary narcissism in its relation to the classical theory of melancholia and emphasizes the difficulty of verifying this concept. These shortcomings in the theory of primary narcissism are part of his grounds for preferring the Kleinian theory which postulates no phase of primary narcissism.

The author details the Kleinian theory of the depressive position in regard to the object, the subject, projected unity, projective identification, and especially in regard to reparation. He finds many points of agreement between the two theories but two major differences: the question of primary narcissism and whether the lost object is introjected into a nuclear or orbital position within the self. That which the classical theory explains by a primary narcissistic wound is explained in the postclassical theory by the hypotheses of nuclear strain and de-erotization.

Wisdom then compares the two theories in their conception of suicide. In the classical theory, suicide involves a destructive attack on the nucleus of the self; in the postclassical theory, suicide is seen as the outcome of nuclear strain, a disintegration of the self-nucleus, hence a fundamentally schizoid phenomenon. (This reviewer presumes that 'suicide as the outcome of nuclear strain' is to be understood solely in the intrapsychic rather than geopolitical sense.)

**The Repetitive Cycle in Depression.** Daniel W. Badal. Pp. 133-141.

Badal reports the psychoanalytic treatment over a seven-year period of a young woman with repetitive cycles of incapacitating depressions and hypomanias. Prior to analysis, electroshock had been used to relieve two of the depressive spells which occurred approximately once a year. The patient's analytic sessions were continued during many periods of depression severe enough to require hospitalization, and gradually a modest degree of improvement was noted. Modifications of the usual analytic technique were necessary but tended toward their own elimination.

Although the patient was considered far from well at the time of reporting, she had been able to marry and have a child with only two relatively minor (not incapacitating) depressions during the five years since the continuous phase of her analysis was terminated. She had resumed analysis on the occurrence of the second depressive episode and seemed to be making further progress at the time of this report.

**Some Typical Complications Mobilized by the Psychoanalytic Procedure.** Louis A. Gottschalk and Roy M. Whitman. Pp. 142-150.

The authors draw attention to the ways in which inherent characteristics of the analytic procedure may create nontherapeutic complications in a patient's life. These complications may be extra-analytic, i.e., disruptive to the analysand's relationship with his spouse or parent; or they may be intra-analytic, i.e., destructive to therapeutic efficacy. Clinical instances of such reactions are described and their points of origin in the analytic situation are identified. Although the authors do not attempt to prescribe a specific technique or formula for dealing with such iatrogenic complications of analysis, they show in clinical examples how an alertness to these reality aspects of analytic procedure can lead to their mitigation. The paper calls for the systematic consideration and review of techniques which other analysts have undoubtedly utilized but rarely reported in the literature. The frankness, clarity, and simplicity of language with which these authors have approached their subject could well be taken as models for future contributors.

**Dreams about the Analyst.** Irving D. Harris. Pp. 151-158.

This communication reports some statistical observations and theoretical formulations concerning dreams about the analyst. Some twenty-one hundred dreams from seventeen patients treated by the author were collected. Those dreams in which the analyst appeared undisguised in the manifest content were studied in an attempt to delineate the circumstances under which they occurred. The incidence of this category was also compared with that of other categories

(e.g., orality dreams, heterosexual dreams, 'attacked' dreams) in the beginning, middle, and terminating phases of treatment. Harris finds support for the theses of previous analytic writers that 'analyst dreams' reflect the patient's desire for fusion with the mother (especially to ward off castration anxiety) and frequently are precipitated by countertransference problems. This paper is noteworthy among psychoanalytic contributions for its admirable methodology in combining the statistical, clinical, and theoretical approaches to a narrowly defined aspect of psychoanalytic practice.

**Structural Considerations in Overt Male Bisexuality.** Philip Weissman. Pp. 159-168.

Weissman distinguishes several types of overt bisexuality in men, basing his categories on differing psychodynamic constellations. The most detailed case report describes a patient whose overt bisexuality was essentially precœdipal in origin, and whose overt heterosexual behavior was a disguised form of passive homosexual contact. From this case material the author proceeds to a discussion of ego and superego aspects of precœdipal bisexuality and of fetishism in the latter.

The paper concludes with briefer case reports to illustrate the contrasting features of two quite different kinds of overt bisexuality, both based primarily in œdipal conflicts rather than in precœdipal sources. In one case the overt homosexual acts were the prelude to a repetitive acting out of the patient's special mode of defeating his father in an œdipal struggle. In the other case the sporadic episodes of overt homosexuality were defenses against intense castration and separation anxiety related to his œdipal wishes.

**The Psychoanalytic Study of the Development of a Conversion Symptom.** Irvine Schiffer. Pp. 169-174.

Schiffer presents clinical material from the treatment of a woman who developed various hysterical symptoms while in analysis. He elaborates on these phenomena as a form of nonverbal communication which aids in the understanding of the patient's body symbolization.

In the case described, the author found a consistent relationship between dream material which foreshadowed conversion symptoms and conversion symptoms which forecast predictable verbal content. The discussion section deals with many aspects of conversion phenomena, relating this case to a number of other contributions.

**On Resignation.** Adrian Stokes. Pp. 175-181.

Drawing heavily on the theoretical concepts of Melanie Klein and his own previous paper on the death instinct, Stokes attempts to delineate the metapsychology of resignation. He suggests that resignation involves a freeing of 'the refusal component' from persecutory fusions, especially from envy, and that the capacity for resignation requires the infantile experience of an unidealized good object.

An intriguing contribution to the psychology of thermonuclear war was included in discussing the role of envy in resignation. Stokes suggests that one

reason for our relative indifference to the threat of nuclear war is the secret wish that the world may cease with our own death: '. . . let no one else, says our envious part, have what we cannot have . . .'.

FRANK T. LOSSY

**Bulletin of the Philadelphia Association for Psychoanalysis. XII, 1962.**

**The 'Aristocracy' Among Homosexuals: Lovers of 'Trade'.** Edmund Bergler. Pp. 1-9.

The 'trade lover' among homosexuals is one who hates other homosexuals and prefers as an ideal partner a heterosexual, married athlete; it is desirable that the partner be homosexually a virgin and one who is trying out homosexual contact for the sake of variety. The 'trade lover's' greatest triumph comes when he can evoke 'active participation' in the initially passive resistant partner. The difficulty of finding a partner to meet these specifications is obvious.

Bergler theorizes that the typical homosexual wishes to be mistreated by a woman—mother. This wish is an alien one, and the homosexual camouflages it by substituting man for woman. The aim however is continued. Although he speaks of wanting love and understanding from a man, the underlying need is for mistreatment. The 'trade lover' is a hypermasochist. He sets up conditions which absolutely assure disappointment. Two case histories are presented to support and illustrate the author's thesis.

EDWIN F. ALSTON

**Journal of the Hillside Hospital. XI, 1962.**

**A Psychoanalytic Interpretation of a Primitive Dramatic Ritual.** Maurice N. Walsh. Pp. 3-20.

The Hopi Indian six-act dramatic ritual represents for each individual Hopi an external plastic representation of deeply repressed œdipal memories, especially aggressive ones. The productions of patients in psychoanalysis can be similar to these dramas. An example is cited of a young actor whose phallic fixations included many different male and female, adult and child identifications. These were related to a defense against depression.

Dramatic representation functions on attempts at mastery as well as safe discharge of impulse life. The actor avoids violent emotions by arousing the audience as he disguises his own identity.

**Supervisors' Conference: The Problem of Reality and the Therapeutic Task.** Sidney Tarachow. Pp. 21-28.

Therapist and patient face a basic problem, the problem of object need. They wish to regard each other as real objects. The real situation is changed to an 'as if' situation—'you react as if I were . . .' by interpretation. The therapist imposes a therapeutic barrier and creates a therapeutic task. Object need must first be overcome to establish conditions for transference. An uninterpreted relationship to the therapist is real. Interpretation creates the tension and depriva-

tion of the therapeutic task. This task for the therapist demands a capacity to tolerate loneliness. In effect, there are two concurrent relationships, the real and the 'as if'. The very act of interpretation may have a double significance, to separate therapist and patient and to bring them together.

**Eye and Face Movements as Nonverbal Communication in Group Psychotherapy.** Charles Winick and Herbert Holt. Pp. 67-79.

Some expressive and communicative functions of eye and face movements are described via clinical examples from group psychotherapy. A blind person in a group of seeing patients led to a shift in communicative modes involving tactile and voice-tone communication. They found idiosyncratic meanings for users of looking for approval, looking away, absence of direct looking, lining up objects and people in a direct line of people, and winking. Exchanged looks facilitated subgroup formation. 'Looking at' was seen as avoidance, 'looking at objects' as objects for affect displacement, and 'looking up' as interior gaze. Head tilt and mouth gestures also enter this realm.

**Organic Visual Defects in a Case of Obsessional Neurosis.** Eugene H. Kaplan. Pp. 80-85.

The analysis of a married businessman suffering an obsessional neurosis disclosed the importance of his eye defects in his symptom of indecisiveness. Awareness of his color blindness in latency organized his feelings of shame, guilt, and doubt in that 'he did not see what others saw—he could not trust his eyes'. An accidental blinding of his right eye at fourteen years of age left him with 'no margin for error' and cut short the adolescent developmental processes.

**Disorders of Visual Perception as Detected in Psychoanalysis.** Nathan Roth. Pp. 86-96.

Psychoanalytic data, free associations, and dreams enable the analyst to follow the vicissitudes of conflict as expressed in visual functions. These functions are sensitive indicators of emotional events. Often the patient is unaware of visual difficulties. Psychogenic visual dysfunction is rarely of a fixed nature in any one case. Various defects may follow one another: field defects, scotomata, size distortion, color misperceptions. Color in dreams in those with neurotic dyschromatopsia fulfils the wish for healthy visual functioning. There is a close link between ocular perception and oral strivings.

**The 'Superobese' Patient.** Geraldine Fink; Harry Gottesfeld; and Lewis Glickman. Pp. 97-119.

Seven men and twenty-four women, all superobese, were studied. Clinically they are depressed, withdrawn individuals with minimal social contacts and poor relationships. There is a high incidence of physical illness. There is also a striking incidence of child-parent separation in their histories.

The psychodynamic factors elucidated in the treatment of one such patient disclosed fixations on every level of psychosexual organization.

**Some Comments on Breast Envy in Women.** Alexander Grinstein. Pp. 171-177.

Breast envy in women is a displacement of shame derived from feelings of genital inadequacy. There is the feeling that if one cannot be a man, one should be able to be a complete woman with admired breasts. Breasts and testicles may be unconscious equivalents. A case is described in which breast envy is part of early oral wishes for the mother's comforting and nourishing breast.

**Further Contributions to the Concept of Stuttering.** I. Peter Glauber. Pp. 178-189.

Glauber reviews the different hypotheses concerning stuttering: as a pregenital conversion, as part of a psychoneurosis, as an organ neurosis, and as an ego affliction. His genetic hypothesis relates to the anxiety of the disruption of the mother-child symbiosis. Using Federn's concepts of ego structure, ego cathexis, and ego anxiety, the author proposes that stuttering is an impairment of an ego apparatus, speech functioning. This is due to too much or too little investment of psychic energy.

**The Phenomenology of Schizophrenia in Childhood: A Review of the Literature and Clinical Material.** Paul Kay. Pp. 206-216.

The clinical picture of childhood schizophrenia is fairly constant. Symptom fluidity and psychotic functions coexist with other functions. The essential signs and symptoms are primitive or absent relationships to people, usually an excessive attachment to inanimate objects; impaired or absent reality testing; weak, absent, or bizarre affective responses; mutism or language use for other than the usual human communication; severe disturbances of motility. Other important signs and symptoms run the gamut of psychopathology.

JOSEPH AFTERMAN

**Psychosomatic Medicine.** XXIV, 1962.

**Hypnotic Age Regression: A Critical Review.** Theodore X. Barber. Pp. 286-299.

It has been claimed that hypnosis can induce psychological and physiological regression. Criteria for such regression are the re-establishment of Babinski's sign, changes in EEG pattern, infantile intelligence test performance, and Rorschach response, as well as other experimental findings. This review questions the interpretation of the data suggesting hypnotic age regression. In addition the author points out a possible bias in subject selection that favored those skilled in carrying out imaginative tasks and predisposed to giving a 'good' performance.

ROBERT D. TOWNE

**American Journal of Psychiatry.** CXVIII, 1961.

**The Child Who Refuses to Attend School.** T. P. Miller. Pp. 398-404.

The refusal of a child to attend school is viewed as a symptom complex rather than as a phobic reaction. The author suggests that this symptom com-

plex, in its acute form, is likely to be situational rather than symptomatic of a structured neurotic illness.

**Childhood Mourning and Its Implications for Psychiatry.** John Bowlby. Pp. 481-498.

Dr. Bowlby describes some of the results of his work dealing with sequelae of the loss of the mother figure in infancy and early childhood. In these examples the loss is sustained between six months and six years of age. He describes the reaction of the child as consisting of three sequential phases, protest, despair, and detachment. These experiences are felt to be characteristic of all forms of mourning.

Anger is an integral part of the process of grief, rather than a pathological result of bereavement, and is seen as an attempt to recover the lost object. Pathological mourning, then, is a consequence of the inability to express overtly this affect, which undergoes repression. In childhood mourning, the urges to recover and to punish the lost object persist, with serious consequences.

LAURENCE LOEB

**Psychiatric Quarterly. XXXVI, 1962.**

**Suicide in Sweden.** H. Hendin. Pp. 1-28.

From studies and interviews with Stockholm hospital patients shortly after their suicide attempts, Hendin postulates several complex relationships between suicide and the standard of living—both rated high in present-day Sweden. The early separation of the child from his mother stimulates anger, the control of which requires much detachment. Later, competitive performance salves the man's deflated self-esteem and may channel an outlet for aggression. But even with small upsets the affective detachment, based on the need to control aggression, offers a fertile soil for suicide. The woman has the same difficulties in dealing with aggression, and usually cannot get from the preoccupied man the relationship she needs for her self-esteem; both lose interest. In severe cases the patient may become paranoid.

**The Therapeutic Personality, as Illustrated by Paul Federn and August Aichhorn.** Ernst Federn. Pp. 29-43.

Both Federn and Aichhorn successfully used their personalities to treat psychotic or delinquent patients. Both combined great strength with kindness and courage. Federn could detect quickly the nature of the ego impairment and furnish support, helping the patient increase his psychic energy or reduce his demands. Combining objectivity with great empathy, he could in an underlying psychosis continue analysis of the ego disturbance while aiding the patient to gain repression. Aichhorn dealt directly with the patient's disorganization, rather than with deficiency of libido cathexes, as did Federn. Both gave up the first stage of analysis, but used the psychoanalytic concept of transference and accepted the libido theory.

**Hypnoanalysis of a Fetishism.** W. S. Taylor. Pp. 83-95.

A man of twenty-five was treated in only two rather long sessions of hypnotherapy for fetishism of female underwear and voyeurism. From childhood incidents of cruelty and fear and of misapprehensions with girl playmates, he had gained a fearful impression of women. His parents were cold and rigid. Some scenes of sadism centered about his father, a butcher. The author twenty-five years later reviews and regrets the incomplete treatment. This rugged and able man, at fifty years of age, despite success in his profession, lacks self-respect and feels socially inadequate. He had been in love several times but somehow each affair had fallen through.

**A Contribution to the Study of the Unpleasure-Pleasure Principle.** Ludwig Eidelberg. Pp. 312-316.

The unpleasure-pleasure principle can well be considered as two separate principles. The discharge of tension is not identical with the attainment of pleasure. While the former gives relief, the latter is a distinct experience resulting in greater instinctual gratification. This formulation helps explain why unpleasure is tolerated, under certain conditions, without being discharged.

**Transference in Brief Psychotherapy: Experience in a College Psychiatric Clinic.** H. G. Whittington. Pp. 503-518.

In brief psychotherapy of college students, Karl Menninger's concept of a triphasic, interrelated transaction was followed. Brief cases are given. The therapist actively resisted being cast in the transference role assigned to him and aimed to relate the patient's 'present reality, childhood experiences, and therapeutic reality, so as to result in insight which allows change to occur'. Some acting out of transference feeling or unconscious conflict was usual. This the therapist interpreted, intervening if necessary.

BERNICE S. ENGLE

**Journal of Nervous and Mental Disease.** CXXXIII, 1961.

**Evidence for Hypnotically Induced Amnesia as an Analogue of Repression.** Eugene Levitt; Harold Persky; John Paul Brady; Joseph Fitzgerald; Arie den Breeijen. Pp. 218-221.

A group of paid volunteers were subjected to hypnotically induced anxiety followed by hypnotically induced amnesia. Anxiety was measured by two pencil and paper tests, multiple observers, and the plasma hydrocortisone level. Scores in all measures tended to be higher in an exposure to the same experience six months later. These findings are cited as evidence that hypnotically induced amnesia is analogous to repression.

**On the Greater Amplifying Power of Causal-Correlative Over Interrogative Inputs on Free Association in an Experimental Psychoanalytic Situation.** Kenneth Mark Colby. Pp. 233-239.

An attempt is made to use rigorous experimental method and the language of

communications engineering in the study of the associative process. Four paid volunteers attempted free association for thirty minutes, four times a week for three weeks. The sessions were recorded and scored. The experimenter varied the 'input' (interrogations vs. causal correlatives). It was found that interrogations led to less amplification (i.e., added information) than causal correlatives.

**Sequelae to Hypnotic Induction with Special Reference to Earlier Chemical Anesthesia.** Josephine R. Hilgard; Ernest R. Hilgard; Martha Newman. Pp. 461-478.

Isolated cases of the sequelae of hypnosis have appeared in the literature, but always in connection with therapy or psychopathology of some consequence. The authors made a systematic study of a nonpatient, student population. Sequelae were found in 7.7 per cent, but sequelae lasting more than a few minutes were found in only 2.3 per cent. It is postulated that the conflicts within the induction phase that produce symptoms pertain to conflicts between conscious willingness to be hypnotized and unconscious resistance to or fear of the required submission. Conflicts which occur in the established hypnotic state make the subject vulnerable to conflicts based on reality distortions or ethical social issues (i.e., superego conflicts).

**The Rebus Technique: A Method for Studying Primary Process Transformations of Briefly Exposed Pictures.** Howard Shevrin and Lester Luborsky. Pp. 479-488.

Previous studies of briefly presented images have demonstrated primary process transformations. Two rebuses (made of pictures suggesting syllables of words) were exposed briefly to thirty subjects; they could not identify the exposed pictures. The subjects were then exposed to lists containing the words. A 'clang' effect was found in their responses to the lists when they were asked for spontaneous associations—there were associations with one rebus and not the other. The authors postulate that the correct identification may serve to protect perception against primary process transformations.

HARVEY POWELSON

**Archives of General Psychiatry. VI, 1962.**

**Contemporary Conversion Reactions.** Frederick J. Ziegler and John B. Imboden. Pp. 279-287.

The authors examine the three elements of psychodynamic models that purportedly explain the phenomenon of conversion: defense against anxiety, transmutation of energy, and symbolic expression of conflict. They discuss what they believe to be serious scientific objections to all three. Then having divorced themselves particularly from libido theory, they present their own views: that a patient with a conversion reaction is enacting the role of a person with organic illness, a phenomenon limited to motor and sensory systems. Other contributing factors are the patient's ideas about physical illness, identification with ambivalently regarded objects, and the suitability of symptoms for symbolic representation. [Schilder once expressed his impression that motor and sensory

conversion reactions were modeled on organic illnesses in childhood, but he did not dispense with the economic aspects in his formulations. (Ed.)]

**Transference Neurosis.** George H. Pollock. Pp. 294-306.

Pollock reviews the work of a German sociologist and contemporary of Freud, Georg Simml, regarding the behavior of groups consisting of one, two, or three people, called isolate (monad), dyad, and triad. The author then juxtaposes this frame of reference with the psychoanalytic situation, examining the vicissitudes of object relations that occur in transference neurosis during analysis. He believes that the perspective of the psychosocial framework allows for further understanding of psychic development and the therapeutic process.

**Relation of Physiological Response to Affect Expression.** Donald Oken, Roy R. Grinker, et al. Pp. 336-351.

In a lengthy and thoughtful experiment the authors tested the hypothesis implicit in explaining psychosomatic symptoms—that undischarged emotion leads to increased physiologic responses. Various physiologic recordings were made of normal subjects who were given a psychological work-up and confronted with ambiguous, nonsupportive, and stressful situations in the laboratory. Only the immediate magnitude of response was tested. At least in this regard, the hypothesis was not borne out under the conditions of the experiment. However, there was an increase in vascular tone when affect was suppressed, suggesting some relationship of suppressed affect discharge to high blood pressure.

KENNETH RUBIN

**Journal of Abnormal and Social Psychology.** LXIV, 1962.

**Clinical Patterns of Defense as Revealed in Visual Recognition Thresholds.** Donald T. Shannon. Pp. 370-377.

Fifty-one hospitalized male psychiatric patients were grouped according to clinical judgments regarding major conflict area (sex, aggression, dependency) and according to 'defensive orientation' (externalization, internalization, acting out). Word lists and pictures dealing with conflict-relevant and neutral material were presented to each of the groups in a rigidly controlled experimental design, and differences in recognition thresholds for the two types of material appeared between the groups in the hypothesized directions. Patients whose defensive orientation was toward externalization and acting out reported lower recognition thresholds for conflict-relevant stimuli than for neutral stimuli, while the 'internalizers' reported higher recognition thresholds for conflict-associated material. The relevance of this experiment to the hypothesis of perceptual defense is discussed.

IRWIN C. ROSEN

**Journal of Abnormal and Social Psychology.** LXV, 1962.

**Dream Reports From Different Stages of Sleep.** W. David Foulkes. Pp. 14-25.

Indications of mental activity are gathered from subjects during all four

stages of the sleep cycle as described by Kleitman and his associates. Whereas previous investigations have tended to assign dreaming to stage I (characterized in terms of EEG activity by the complete lack of spindles and by low-voltage, nonperiodic activity with occasional bursts of alpha rhythm, and by rapid eye movements), this study finds evidence of dreaming in the other stages of the sleep cycle as well. However, dreams during these other phases possess certain differences in formal characteristics from those of stage I. Such differences concern a heightened affective involvement, greater use of visualization and of physical movement, increased distortion, and greater distance from external reality in the dreams occurring during stage I of the sleep cycle.

**Some Effects of Early Sensory Deprivation on Later Behavior: The Quondam Hard-of-Hearing Child.** Nathaniel Herman Eisen. Pp. 338-342.

This case report describes the effect of temporary sensory deprivation (hearing loss during the first three years of life) on the psychological functioning of a seven-year-old child. The effect of such temporary hearing loss on thought organization, delay capacity, and interpersonal relationships is described, and the substitution by the child of motoric, nonverbal modes of communication for speech is demonstrated. Eisen also summarizes much of the relevant literature on the reversibility and irreversibility of certain effects produced by early sensory deprivation.

IRWIN C. ROSEN

# NOTES

## MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

October 16, 1962. VARIANTS OF COMIC CARICATURE AND THEIR RELATIONSHIP TO OBSESSIVE-COMPULSIVE PHENOMENA. Victor H. Rosen, M.D.

Obsessions are grotesque parodies without laughter and compulsions are ritual travesties devoid of fun. An illustration of the characteristics of travesty in an obsessional neurosis is the Rat Man's celebrated attempt to repay a small debt to a fellow army officer that becomes a charade of misdirected punctiliousness. Comic situations effect pleasure, as we know from Freud, through an apt bringing together of elements—essentially those of the attacker, the victim, and the motive for the attack—that saves mental energy which can then be released through laughter. Dr. Rosen suggests that, in addition, the comic converts bound energy into free energy so that it may become available for discharge. Also, aggression is released under socially acceptable circumstances through the use of a victim who holds little interest other than as an object of laughter. Obsessive-compulsive phenomena, on the other hand, keep the essential elements from flowing together in comic release by the distance of the observing function and the defense of isolation. Then, too, for obsessive-compulsive patients, the torment of a victim is their central objective rather than the pleasure of an audience. In both comic distortion and obsessional phenomena, sadomasochistic pregenital relations are found in limitless combinations and permutations.

An example of victimizing within the analytic situation is the obsessive-compulsive's penchant for making a caricature of the analytic rule by overliteral pursuit of it in a way that reduces the inexperienced analyst to exasperation. An example from fiction is Good Soldier Schweik who humbles the high command of the Austrian Army by his insistence upon literal interpretation of 'regulations'.

These characteristics of obsessions and compulsions suggest variations in treatment procedure—given the appropriate circumstances—which can lead to beneficial results. An instance in which an interpretation containing humor was followed by an important therapeutic gain is seen in the case of an especially humorless patient who described himself as 'a cantankerous old Scrooge' but was unable to see that he repressed resentment over his monthly bill. On the day he was to receive it again, he related a dream of the night before in which he was on trial and being falsely accused of 'headhunting'. His associations included an amusing episode involving the purchase of shrunken heads in New Guinea at inflationary prices which he summed up by saying, 'I am damned if I can see what this has to do with the price of lettuce'. Handing him his bill at the end of the hour, the analyst remarked that 'a head of lettuce was cheap but it took a lot of lettuce to shrink a head'. The patient responded with the first merriment that had occurred during a starkly serious analysis. Subsequent sessions produced much information about some financial problems that had never before been revealed in the treatment.

In his summary Dr. Rosen emphasized that the ability of the patient to

express or enjoy wit or humor can be an important way station in the direction of health and away from the grim nature of his illness. Appropriately timed interpretations containing humor appear to be an aid to this transition.

DISCUSSION: Dr. Annie Reich commented that, while the therapeutic value of humor is known and used in analysis, this is the first time it has been subjected to specific investigation. Humor as used by Dr. Rosen is a technical device that provides the ego with a reward of pleasure for accepting some aspect of the primary process, but it can be of use only if the unconscious process is near the surface. The defense of isolation in obsessives provides a basis for contrasting them with comics, but obsessional patients also show the defenses of undoing, reaction-formation, and turning into the opposite. These defenses lend themselves less easily to Dr. Rosen's comparisons. It is true that obsessive patients are regularly grimly serious and that the ability to be less serious is a sign of gain in their treatment. But they can also joke compulsively. Their most important material is *not* in their jokes, which they use to bribe and woo the analyst. A shift from active to passive, masculine to feminine, etc., in comic phenomena seems to be more closely linked to severe pregenital than to obsessive phenomena. One manic-depressive patient identified with the victim during this phase. Some of the humor was funny to the audience, but not to the patient. It is important to make this distinction. Dr. Reich would restress how important for the treatment was the analyst's talent for joking. Not everyone possesses this ability. Beginners especially should be cautious in using it. Fenichel possessed this faculty to a high degree.

Dr. Henry Edelheit thought that in obsessive patients the elements of aggressor, victim, and motive for attack were not isolated one from the other. In the examples presented, aggressor and victim were confused and the motive was left in doubt. In primal scene fantasies of obsessive patients, affect is isolated from content, but within the content itself the patient may identify with both aggressor and victim or oscillate between them. This confusion appears to spring from a pathological segment of the ego which, at a critical phase in the development of the sense of self, becomes split off from the normal developmental phase.

Dr. Sidney Tarachow observed that the superego in the obsessive patient corresponds to the audience in the comic situation. It is an internalized audience on whom the obsessive plays his practical jokes. Both the obsessive and the comic outwit the superego, the obsessive by obeying the letter but not the spirit of the law, the comic by the speed and agility of his disobedience. He doubted the value of comic fusion as a maturing process, although he could see it as an advance over the obsessive state in that it contains less anxiety about object loss and less distance or isolation from objects. Comedy pierces this isolation and in this sense provides a fusion. However, wit and comedy maintain as separate entities both sides of the ambivalence which are expressed so speedily that guilt is evaded and the task of maturity—fusion of ambivalence and sacrifice of aggression—is avoided. The very popularity of a comedian rests on the fact that he helps us enjoy a momentary revival of childishness and ambivalence. It is true that laughter in a patient indicates an interpretation is correct, but a

more profound reaction is one of depression and loss such as occurs when he is forced to renounce infantile object ties or contemplate the immense affective losses he has endured through his illness. Art as well as comedy can enlarge our personalities and ego strength, but techniques vary, particularly with respect to time. Whereas the comedian handles ambivalences in a bold flash, the artist does so by hints and nuances. In contrast to comic pleasure, æsthetic pleasure is slow and we need time to relish it. Accordingly, we remember beauty and forget jokes. If the comic has more disturbed object relations than the obsessive, the artist has the least satisfactory relations of all. He gets his pleasure, not from his objects but from the work of art, which is his special defensive device.

In reply to Dr. Reich, Dr. Rosen agreed that instances of compulsive comedy and punning have more regressive tendencies than do obsessive symptoms and are closer to manic-depressive conditions. Comedy should not be used in the therapeutic approach to such cases. In comparing obsessive phenomena and instances of the comic, he was primarily concerned with the defense of isolation in obsessive phenomena. It is correct to say that the reaction of the audience is not the same as the reaction of the patient. In using the comic, one must wait for a particularly felicitous opportunity in which the patient can also be audience. To Dr. Edelheit's remarks, he commented that confusion of elements which may be part of the surface picture of the obsessive does not necessarily mean merging of elements in the sense of early pregenital relations. In obsessive phenomena, elements are kept apart through isolation rather than merged. In response to Dr. Tarachow, he welcomed the conception of the superego as the obsessive's audience. He was not suggesting comedy as a better way of life or a maturer form of behavior but as something useful for catching glimpses not otherwise available. In this sense it is a way station to better resolution of conflict. Beside laughter or sadness as reactions to interpretations, there is sometimes a biphasic reaction in the form of laughter followed by sadness.

EUGENE NININGER

October 30, 1962. A PSYCHOANALYTIC STUDY OF ANTI-SEMITISM: THE PSYCHODYNAMICS AND PSYCHOGENESIS OF PREJUDICE, ANTI-SEMITISM, AND NAZI ANTI-SEMITISM. Martin Wangh, M.D.

This paper was written in preparation for a symposium on anti-Semitism held in Wiesbaden, Germany in 1962. The purpose of the symposium was to deepen understanding of anti-Semitism in the hope that a recurrence of the type prevalent in Germany between 1930 and 1945 may be prevented. Dr. Wangh's purpose was to apply psychoanalytic thinking to an understanding of this problem and thereby extend the traditional religious, economic, and political considerations. His paper considered prejudice in general, clinical material, anti-Semitism in Germany, and National Socialist anti-Semitism.

Dr. Wangh described prejudice from the standpoint of dynamics and genetics as an unrealistic attitude in which a person's judgment of another person or group is essentially beyond modification. Prejudice defends against impulses (predominantly but not exclusively aggressive) while at the same time expressing them. Characteristics of prejudiced individuals include a tendency to express

problems alloplastically; projection of a preferred defense mechanism; and strong separation of 'in' and 'out' groups as a means of supporting an uncertain sense of identity. Dr. Wangh suggests that prejudice originates in the earliest phases of development when separation of self and nonself is defective and there results too much love for self and too much hate for strangers.

He described a patient who demonstrated these dynamic formulations. The man's father left home before the patient was born; his mother died when he had barely reached his teens. His father was depreciated by the family; before her death his mother was sickly, weak, and narcissistic. At crucial moments in his life he was left in the care of servants or in boarding school. Anti-Semitism was strong in some members of his family but was opposed by others. The patient was unsure of his own identity, searched for security through status or 'proper' groups, tried to solve problems alloplastically, and was strongly prejudiced against women, Jews, and Negroes.

Anti-Semitism in Germany had only weak roots in religious teachings. Politics and socioeconomic factors were more important, especially among the lower middle class whose sense of identity was threatened by the process of industrialization. This was accentuated by the economic depression in the nineteen-twenties. The traditional patriarchal German family further discouraged independent identity formation in young men.

National Socialist anti-Semitism was an extreme regression to magic, slavery, and genocide. Dr. Wangh suggested that the leaders and older members were mainly war veterans who were not inclined to independent superego judgments and could not handle their own aggression or guilt. He noted that a large percentage of the early Nazi followers were members of the lower middle class. The younger, receptive masses had suffered from the particularly pronounced authoritarian set-up in lower middle class families; having been young children during the defeat of their fathers in World War I and its aftermath; and a second defeat as they were coming into manhood because of the economic depression. Dr. Wangh suggested that the prolonged anxiety experienced by these individuals at crucial developmental phases resulted in defective egos and superegos with the result that they could be easily encouraged to regressive ideas, defenses, and actions.

DISCUSSION: Dr. Norbert Bromberg added that there were intellectual forces in Germany, such as admirers of Lagarde, Langbehn, and Moeller von der Bruck which encouraged Nazi anti-Semitism. He stressed the influence of the group in the movement and suggested that 'the last straw that released the anti-Semitic barbarities was the regression activated by group psychological forces under the leadership of disturbed individuals'. Dr. Rudolph M. Loewenstein thought Dr. Wangh's emphasis on the absent or weak father helped explain the Nazi superego: their interest in destroying moral values while championing an ideology, their willingness to submit to the moral judgment of leaders, and their general cynicism. Dr. Leo A. Spiegel was impressed that historically Germans have shown little resistance to political coercion, possibly because of a defect in their collective superego. Dr. Max Schur was of the opinion that the Nazis were like a criminal gang which methodically spread collective guilt to permit greater crime.

Some prejudice, including anti-Semitism, was diabolically planned. Dr. Sidney Axelrad thought the key to the Nazis was in the negative œdipus complex and subsequent identification with the aggressor. Dr. Bernard C. Meyer suggested that the crucial factor was the chance emergence of a leader, since the predisposition of Germany was not specific.

Dr. Wangh, responding to the discussion, agreed that group psychology was an important factor, but in his presentation he wished to stress why this group wanted to be a crowd. This wish could be understood as a reaction to the cynicism of the generation before the Nazi regime. The next generation, finding this cynicism distasteful, wanted a leader. He felt that although there might be some weakness in the German collective supergo, this theory is nebulous and difficult to substantiate. Certainly the Nazis constituted a criminal gang.

KENNETH T. CALDER

November 13, 1962. THE PSYCHOPATHOLOGY OF THE PSYCHOSES. Charles Brenner, M.D.

The clinical phenomena of the psychoses, like the neuroses, can be satisfactorily understood in terms of Freud's basic concepts: the dual instinct theory, structural hypothesis, and the 1926 theory of anxiety. Dr. Brenner's view is consistent with that of Freud, who also felt that the psychic processes in psychoses and neuroses display a fundamental unity. Freud held that the essential characteristics of the psychoses which differentiate them from the neuroses were the break with reality, the occurrence of delusions and hallucinations, and the self-centeredness of the psychotic patient (megalomania, hypochondriasis, etc.). He believed these features could be understood as a result of regression to an earlier fixation point in the psychoses and a difference in defenses employed. The neurotic patient uses repression in which derivatives of instinctual wishes and defenses are barred from consciousness, although the wishes retain strong libidinal cathexis. In psychotic repression there is a decathexis of the unconscious mental representation. The libido thus detached is invested in the patient's self, giving rise to symptoms of grandiosity and hypochondriasis. Thus the psychotic defense involves regression to the narcissistic preobject stage of development. Delusions and hallucinations represent the restitutive phase of the illness in which the patient tries to reinvest with libidinal cathexes the mental representations of the object world.

Dr. Brenner questions the need to retain these two formulations as an integral part of the psychoanalytic theory of the psychoses. The symptoms of the first phase (world destruction fantasies, megalomania, and hypochondriasis), which were explained by the withdrawal of object cathexis, can better be understood as a consequence of three factors: instinctual regression, defenses against aggression, and ego and superego regression which is motivated by the need to avoid the emergence of anxiety. This formulation suggests the value of a study of the ego functions which have been lost, rather than focusing on the loss of object relations as the central issue. For example, the defensive functions of the ego are clearly more primitive in psychotic patients than in neurotic individuals. Other ego functions such as reality testing are also influenced by psychotic regression. An example was quoted from a paper by Dr. Arlow in which the

patient hallucinated the disappearance of his wife's face. This defensive and wish-fulfilling distortion of perception is characteristic of very early life before stable reality testing appears. Many other ego functions are likely to be impaired in psychotic patients. These include failure in the synthetic function, integrative ability, impulse control, etc. It must also be borne in mind that the regressive impairment of ego functions, beside serving defensive needs, at times also facilitates drive discharge, or expresses superego demands, or both.

Dr. Brenner concluded that these formulations, consistent with Freud's later concepts, make the assumptions of object decathexis in schizophrenia and of a secondary, restitutive phase unnecessary. In fact, the clinical phenomena of many psychotic patients constitute a clear contradiction to the assumption of total decathexis of object representations.

DISCUSSION: Dr. Heinz Hartmann opened the discussion with the remark that Freud never felt that his work in the field of psychosis was as complete as his contribution to the understanding of neurosis. However, as early as in the Schreber case, he speaks of the importance of understanding independent ego functions and the differences in defense mechanisms. Dr. Hartmann felt that the similarity of the role of the awakening of infantile instinctual forces in neurosis and psychosis was not clear. Certainly the psychotic cannot find a solution to the instinctual problem without a loosening of the attachment to reality. Dr. Hartmann recalled Freud's example of a girl whose sister dies; she then thinks she can marry her brother-in-law. In the neurotic the wish would be repressed; in the psychotic the sister's death would be denied. The problem focuses on the deficiency of the ego which attempts to solve the conflict. Some ego functions are incompletely developed or become weakened. Psychosis, then, is not simply an outcome of drive and defense, but relates to lost functions of the ego. Occasionally one sees a dramatic detachment from objects ending in a catatonic stuporous state. But this is exceptional. As a rule there is an oscillation between detachment and investment (restitution) of objects. Besides the two alternatives of object cathexis and self cathexis, there is a third possibility—cathexis not only of the aims or contents but also of the functions of the ego. Freud's concept of narcissistic regression is incomplete because the change in ego functions is not described. Their vulnerability is still to be studied. Freud's two-stage description of decathexis and restitution should not be taken too literally, but viewed as an ideal type and schematic description. Many phenomena described as restitutions could perhaps be better understood as the product of remaining ego functions or interaction between these and damaged ego functions. There is also an elaborate interaction between object relations and types of defense available. Primitive defenses against object relations have an effect on reality testing. A fear of surrender to love objects may lead to a rejection of all objects. The psychotic's diminished capacity for neutralization leads to a loss of more complex defenses, and the stability of object relations is lessened.

Dr. Robert C. Bak questioned Dr. Brenner's assumption that the ego disturbances in psychoses are to be explained simply as a secondary defect and a defensive function. Some ego disturbances seem to arise as a primary defect.

One of the pathognomonic symptoms of schizophrenia, the 'significance experience', cannot be reduced genetically nor can one see its defensive purpose. Certainly the phenomena of schizophrenia are complex and interdependent. Libidinal withdrawal is the central theme. How far it goes and which objects it affects is one aspect of the variety of clinical manifestations. The consequence of libidinal withdrawal is an intensification of the aggressive cathexis. This is also true of object relations which are not given up, but the libidinal withdrawal produces a shift toward aggression and the destruction of objects. The cathectic imbalance may affect not only the self but also various ego functions, especially by aggressivization. Schizophrenia and psychosis are not identical terms. Some patients show the schizophrenic defect without psychotic symptoms. When there is an intensification of the instinctual conflict, this, coupled with the ego defect, will result in psychosis. It is necessary to distinguish content from form in order to achieve full psychological understanding. The content will always reflect the instinctual wish and the defense. What is specific is the form in which this occurs; for example, a hallucination, when compared to a neurotic symptom, involves a break with reality rather than repression. Freud felt that the differences between psychosis and neurosis lay in the nature of the defenses. The primacy of instinctual forces is now thought to be less central. In the Schreber case the appearance of feminine fantasies can be understood as a lessened capacity to repress bisexuality. Delusional ideas are omnipresent; the subjective certainty is the specific functional defect. As to the restitutive phase, an effort to re-establish more stable object relations is made at every level of ego and psychosexual regression. Objects are not always given up; often the self and object differentiation is lost in the regression to undifferentiation.

Dr. Jacob A. Arlow felt Dr. Brenner's paper was a valuable examination of the frame of reference which we use to evaluate and understand psychoses. It illustrates the need of science to pursue the implications of our hypotheses, so that they can be judged in terms of their essentiality and usefulness. Dr. Brenner's paper offers a more consistent and clearer psychological explanation than uncertain quantitative biological concepts. If we consider ego functions and their relationship to libidinal cathexis, do we believe that ego functions, such as attention, perception, etc., operate in proportion to the libidinal cathexes? If this is true and is applied to schizophrenia, what is the relationship of primary autonomy to libidinal cathexis? Freud's first formulations were based on object decathexis, increase in ego libido, and restitution. We should follow these propositions to their logical conclusions in order to understand their value and limitations. The suggestion that only some ego functions are decathected is not an adequate compromise since in the original proposition there is an assumption of a total shift of cathexes. Applying Freud's early formulations to catatonic stupor, we see they are incorrect. Patients after recovering will tell of their deep involvement with objects. We can understand catatonic stupor better if we view it not as a decathexis but as a defensive operation in which there is a massive countercathexis as a defense against destroying the object.

In world destruction fantasies, Freud felt there was a loss of cathexis of the external world. Clinical observations show the phenomena to be the consequence of the patient's projection into the external world of his hostile destructive

wishes. What was the patient's wish is then experienced as an external world phenomenon. We have two alternative explanations: decathexis or the more parsimonious concept of projection as defense.

Freud explained hypochondriasis as the consequence of libidinal energy withdrawn from objects and invested in parts of the body which became painful because of a surfeit of energy. Hypochondriasis in the psychoses was parallel to the actual neurosis in the psychoneurotic; neither contained a psychical representation. However, clinical experience demonstrates that in the hypochondriacal symptom there is a fantasy wish with conflict and defense, i.e., it is a psychoneurotic symptom. In our understanding of ego functions in psychoses it appears clear that ego defects facilitate the regression and that the regression further alters ego function. Dr. Brenner's emphasis on ego regression as a defense is a continuation of earlier formulations. Ego distortions such as *déjà vu*, depersonalization, and body-image changes can be handled like the manifest content of a dream. The analysis of *déjà vu* shows the dynamics to represent a reassurance along the lines, 'I have gotten through this before; I will do so again'. Depersonalization, which is treated as a decathexis by Fenichel, can better be understood in genetic, dynamic terms and as serving a defensive function. Conflicts are projected into the external world with the feeling, 'This does not involve me'. Twin studies by Dr. Joseph showed that distortion in body image simultaneously expressed both the fulfilment of sexual wishes and the denial of separation. The change in reality testing was first viewed by Freud as a consequence of decathexis. Employing his later structural concepts, alterations in reality appear to be consequent to the awareness of a danger which must be denied; therefore the outside world must be diminished in importance.

Dr. I. Peter Glauber noted the omission of Federn's contribution to the understanding of psychoses. Federn suggested that the withdrawal of libidinal cathexis from the outside world was secondary and resulted from a crisis in the ego. The impoverishment of the supply of ego libido required the retreat of the libido into the ego. Federn felt that the idea of defense had been used indiscriminately. Psychological explanations which had begun in causal terms had degenerated into teleological ones in which defense was frequently a total explanation. More likely, the ego exploits for defensive purposes any breakdown of an ego function. One of Federn's valuable formulations was the concept of the decathexis of ego boundaries which allowed a fusion of the self and the outside world.

Dr. K. R. Eissler disagreed basically with the formulations in Dr. Brenner's paper and the supporting comments of Dr. Arlow. We need to distinguish between schizoid psychosis and the schizophrenic process. In the latter, a loss of structure cannot be reversed although treatment, if instituted in the earliest phase, may arrest or slow the malignant process. The object relationships that are preserved, e.g., those to the mother, are not as they now are, but only as the mother was; only the infantile object representation remains. Dr. Eissler felt that there was a fundamental difference of opinion between himself and Dr. Brenner in their understanding of Freud. The dynamics of wish fulfilment as in a dream does not explain a symptom. In understanding dreams, the fact

of sleep with the withdrawal of cathexis from the outside world is the central prerequisite which allows cathectic shifts to occur.

Dr. Emanuel Klein suggested that the term decathexis may be misleading, and that 'shifts in cathexis' is more descriptive, in that it designates the replacement of more mature by more primitive cathexes. The normal ego with a wish for contact with the object may have the normal impulse to kiss. This in the regressed ego may be replaced by the more primitive and frightening cannibalistic wishes. Psychoses are complex phenomena involving oscillating shifts of cathexis, with ego functions being carried out by a combination of defective, distorted, and normal ego operations. One should be wary of apparent clarity achieved by sacrificing scientific accuracy.

Dr. Brenner, in response to the discussants, acknowledged the complexity of the predispositional factors in psychoses. An example is Hartmann's formulation involving a failure in neutralization with its interacting effect on ego functions, defense, and object relations. The present paper presupposes the predispositional factor. It then examines the impact of conflict and overwhelming anxiety on the defensive changes in ego function. Referring to Dr. Bak's comment that 'libidinal decathexis of objects is clinically obvious', Dr. Brenner suggested that it might better be stated that some clinical observations can be explained by the hypothesis of libidinal decathexis. Then one can ask, 'Is this the best hypothesis? Are the clinical phenomena better explained by the hypothesis of decathexis or by the hypothesis of countercathexis?' As Dr. Hartmann said so succinctly, metapsychology is the theoretical explanation of clinical phenomena at the best *current* level of our psychoanalytic theory. This is the aim of the presentation. Again quoting Dr. Bak, Dr. Brenner recalled his stating that 'clinical schizophrenia can exist for years without psychosis'. Dr. Brenner felt that this would depend entirely on the definition of terms and would require prolonged discussion for clarification. Dr. Eissler's definition of schizophrenia seems related to Kraepelin's which involves a relentless progression to certain end symptoms. This is still a controversial point.

WALTER A. STEWART

November 27, 1962. THOUGHTS ABOUT DEVELOPMENT AND INDIVIDUATION. Margaret S. Mahler, M.D.

In the Abraham A. Brill Memorial Lecture, Dr. Mahler reports on a systematic study of average mothers and their normal babies, ranging from six months to the second and third years of life. The central theme is the universal, lifelong, although diminishing, dependence of the child on the mother, from 'mother-infant symbiosis' to the separation-individuation phase.[1]

The particular need for this study is suggested by two of the author's fundamental hypotheses. First, a discrepancy between the biologically predetermined maturation of the ego apparatuses and the relative lag of development toward emotional readiness for separation-individuation results in separation which is experienced as a catastrophic threat, triggering 'psychotic' defense

[1] *Cf.* also, This QUARTERLY, XXXII, 1963, pp. 1-14.

mechanisms. Second, the development and maintenance of the 'sense of identity' is dependent on normal separation-individuation. Dr. Mahler has described in previous contributions two extreme disturbances of the sense of identity. They are exemplified in the autistic and symbiotic infantile psychosis. This hypothesis can be summarized as follows: whereas in primary autism, there is a deanimated, frozen wall between the subject and the human object, the symbiotic psychosis reflects a fusion and lack of differentiation between the self and nonself. The feeling of identity, defined as a cohesive cathexis of securely individuated and differentiated self-image, occurs during the first two years of life as the child 'hatches' from the symbiotic relationship. Differentiation has as its core a demarcation of the body image from the image of the object. It is based on sensorimotor sensations with rhythmic alterations of gratification and frustration. The reliability and predictability of this rhythm and the availability of the loved object lay the foundations for object constancy.

The optimal evolution of the infant's partial ego functions, following a biological timetable and attributable to the conflict-free sphere of the ego, is either facilitated or hindered by the conscious and, more particularly, the unconscious attitudes of the mother. Mothering which is productive of neither undue frustration nor stifling intrusion is not easy to accomplish. Dr. Mahler's clinical studies suggest that in the first half of the first year there are imitations without mental contact—complex patterning acquired during the symbiotic phase, too complex to be regarded as inborn, yet irreversibly established before it could be the outcome of ego identifications. Certain sensorimotor patterns and autonomous developmental profiles unfold in the second half of the first year, which reflect the mother's fantasies, predilections, and anxieties.

Dr. Mahler next contrasts two six-month-old infants, a boy and a girl. Larry explores the world with his mouth open, actively crawling. Two older children of the same parent behaved similarly. This is felt to be the product of an inborn motor proclivity, and the mother's predilection for teaching the children to 'shift for themselves'. The mother offered rewards for independence and warded off physical closeness and cuddling. Margie, plump, rosy-cheeked, and slightly flabby, took in the world with her eyes. An older sibling, Tommy, behaved in a similar manner. Both children reflected their mother's predilection for quiet passivity. Tommy showed an early evidence of ego precocity and premature perceptual awareness. The balance between sensoriperceptive intake and motor discharge was disturbed. The mother's difficulties, which contributed, became clearer with her second child, Margie, and she was obviously unable to respond specifically enough to the infant's specific cues. The average infant enjoying the practice of his newly emerging autonomous ego functions can tolerate separation from the mother while he widens his acquaintance with reality. As free locomotion is mastered, the balance of activity shifts to the toddler, who ranges away and back to the mother. At the same time an increased ability for affective communication occurs. Tommy's separation was complicated by his and his mother's difficulties and led him to follow and need to remain close to his mother.

Optimal conditions for separation occur when the mother has been and is fully available emotionally and yet participates in the child's pleasure in the

separation-individuation phase. Finally, verbal communication that is highly affectively charged aids in separation and dilutes the unavoidable pain. Failure to comfort or to reassure through emotional contact during the separation phase leads to repetitive, coercive, aggressive behavior—a desperate 'shadowing' of the mother. Frequently, there is a developmental lag in language employment and the synthesis of partial ego functions. Finally, the toddler may turn his aggression against his own body.

One goal of the research was to understand the child's bipolar orientation: one pole representing the relationship to his own body and its functions along with the erotogenic zones, and the other representing the mother. The impact of the oral phase and the early discovery of the genital differences can be clearly observed in these studies. This work offers clinical proof that the libidinal availability of the mother facilitates the optimal unfolding of the infant's innate potentialities, the harmonious synthesis of the autonomous ego functions, and the neutralization of the drives. 'It is amazing to observe to how great an extent and with what resiliency the child's autonomy unfolds from within his own ego, if only he feels a fair degree of emotional acceptance and communicative matching on his mother's part.'

WALTER A. STEWART

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THE ACADEMY OF PSYCHOANALYSIS announces the following officers for 1962-1963: President, Sandor Rado, M.D., New York; President-elect, Franz Alexander, M.D., Los Angeles; Past President, Roy R. Grinker, Sr., M.D., Chicago; Secretary, Alfred H. Rifkin, M.D., New York; Past Secretary, Joseph H. Merin, M.D., New York; and Treasurer, Earl G. Witenberg, M.D., New York.

The Academy will hold its annual meeting at the Hotel Ambassador, St. Louis, Mo., on May 4 and 5, 1963. Four sessions will be held each day. Three will be devoted to panels on the general subject, Post-freudian Contributions to the Theory and Practice of Psychoanalysis and Psychotherapy. The fourth session will be for short clinical communications.

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THE NATIONAL INSTITUTE OF MENTAL HEALTH announces continuation of its small grant program, designed to encourage initiation of research in the behavioral, biological, and medical sciences relevant to mental health. Small grants provide support for a year or less, in amounts up to $3,500, plus indirect costs. Applications may be submitted at any time. Notification of final action can usually be expected within three months. For additional information and application forms, write to: Executive Secretary, Mental Health Small Grant Committee, National Institute of Mental Health, Bethesda 14, Maryland.

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Dr. George Engel of the University of Rochester (New York) has been awarded the 1962 FRANZ ALEXANDER PRIZE for his paper, Anxiety and Depression-With-

drawal: The Primary Affects of Unpleasure, by the Chicago Institute for Psychoanalysis. The prize is awarded biannually to a graduate of the Institute for a paper in the field of psychoanalysis.

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The annual MAURICE BOUVET PRIZE for a psychoanalytic publication in French was awarded January 29, 1963, to Dr. Jean Kestenberg for a paper entitled, *A propos de la relation érotomaniaque* (On Erotomania). The prize is a memorial to Dr. Bouvet, Past President of the Paris Psychoanalytic Society.

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Michael Balint, M.D., Tavistock Clinic, London, will deliver the SEVENTH ANNUAL SANDOR RADO LECTURES for the Columbia University Psychoanalytic Clinic for Training and Research, and its Alumni Association, on May 24, 8:45 P.M., and May 25, 10:00 A.M., at Bard Hall, 50 Haven Avenue, Columbia-Presbyterian Medical Center, New York, N. Y. His topic will be The Malignant and the Benign Forms of Regression.

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# CARL KOLLER AND COCAINE

BY HORTENSE KOLLER BECKER (HIGHLAND PARK, ILLINOIS)

> It was like a red-hot needle in yer eye whilst he was doing it. But he wasn't long about it. Oh no. If he had been long I couldn't ha' beared it. He wasn't a minute more than three quarters of an hour at the outside *(11)*.

Thus, an old man described his cataract operation to Thomas Hardy and his wife on their visit to Dorsetshire in 1882.

It takes little imagination to picture the situation before the advent of local anesthesia, particularly in ophthalmology. Operations upon the eye were especially difficult, and for them general anesthesia was unsatisfactory. It was not administered as skilfully as it is today; retching and vomiting often followed which might seriously damage the eye, and the patient's conscious coöperation was frequently necessary. A long, delicate operation upon the sensitive eye demanded the greatest fortitude on his part, but the doctor too was under heavy strain, for he had to work with utmost speed on a tiny surface, with sight itself frequently at stake, torn perhaps by irritation or pity according to the patient's behavior which he had to control at the same time.

Local anesthesia in surgery is now so commonplace that it is hard to realize the suffering we have been spared since September 15, 1884, when a young Viennese doctor read a brief paper, barely two sides of a sheet, at a medical meeting in Heidelberg, and thus inaugurated the era of local anesthesia. The young man was Dr. Carl Koller, my father, whose long life ended on this side of the Atlantic in 1944. Later, after my mother's death, I found myself confronted with his papers which she had saved, the accumulation of some seventy-five years.

---

A number of busy people have been most helpful in connection with the preparation of this paper and I offer them my thanks for their time and interest. I am also indebted to Dr. Ernst L. Freud for his help in translating his father's letters and permission to print them.

As I plowed my way through papers and pamphlets, letters, photographs, and medals, I began to regret that I had not questioned him more about the background of his discovery and his colleagues. I wondered what his life had been like in that other world, during that great period of scientific flowering which was to grow so rapidly in every direction and to make inevitable the present immensely complex system of specialization. It was a period when it was possible for one man to possess almost fully the medical knowledge of his time.

The bare facts I knew, to be sure, for they came to my attention late in my father's life when he was repeatedly honored. An exceedingly modest man, he despised general publicity as unworthy and unscientific, as indeed did most of his colleagues. It was assumed that their work belonged only in the annals of medicine, forming a small part of that mighty foundation which safeguards our health, lessens pain and fear, and, above all, is part of the sum of pure knowledge. They had an almost holy respect for this search after knowledge, for which not even the most brilliant intuition sufficed, if it was not followed by most painstaking and accurate research. Many of these men were eccentric, arrogant, and self-willed, and might ride roughshod over our modern concepts of 'adjustment', 'integration', and 'social attitude', but in their work they were disciplined to lay down their pride and to see the destruction of their most cherished, long-held theories in the light of their own careful, objective research.

When I was young, being less high-minded than he and rather fond of glory, I well remember my disappointment when, with his usual contempt for publicity, my father refused to be 'profiled' in The New Yorker or have the history of his discovery broadcast on the air. Then why, when he can no longer forbid it, should I break that wished-for silence? That is a long story and the one I hope to tell here.

As I made my way through drawers and closets, reducing long-loved possessions to a list, I thought the questions which had begun to fill my mind had come too late, but by a strange

chance they were still to be answered, and one by one the pieces of the puzzle dropped into place. It came about in this way.

I pulled the lid off a large, dog-eared carton and saw it was heaped to the top with neatly tied, brown paper parcels, variously labeled in my father's small, well-formed handwriting, 'Vienna 1880-1884', 'January 6th, 1885', 'Göttingen 1885', 'Utrecht 1885-1887', etc. I ran for the scissors and cut the strings that had been tied over seventy-five years before by his skilful surgeon's fingers. There, fresh as the day they were written, on linen paper still strong and white, in cramped, highly individualistic script, appeared many famous names. There were the physiologists, Du Bois-Reymond and Brücke, also Billroth (a devoted friend of Brahms), all three pillars of the Helmholtz school which had such profound effect on the scientific work of that day. There were Kölliker, the noted embryologist, Sigmund Freud as well as his friend and associate, Josef Breuer, and the diminutive Professor Samuel Ritter von Basch, to whom the ill-fated Emperor Maximilian handed his ring minutes before his execution in a wild, foreign land. As young medical students, Gaertner, Freud, Wagner von Jauregg, and my father often watched that ring on the doctor's hand, while he fired their imagination with stories of his Mexican adventures. There were Oskar Hertwig and that kindest of men, the Nobel prize winner, Willem Einthoven, father of the cardiogram. Here were Professors Snellen and Donders, giants in the fields of optics and physiology, along with many others. Here, too, amid medical papers, slipped into the manuscript of my father's first communication at Heidelberg, was a tissue-thin envelope that had held those very grains of cocaine with which he had first experimented and demonstrated its usefulness in surgery.

As I leafed through those hundreds of papers and letters, the student days in old Vienna came alive again, with their *Kneipen* and *Singvereine,* student manifestoes, and expeditions into the lovely countryside. Pages and pages were filled with plans, hopes, disappointments, poetry, and even girls.

How articulate they all were, how much they had to say which, I suppose, would today have found its way over the telephone and vanished forever. My father was fond of the gloomy, romantic poetry of Lenau—*Zu viele Raben* (Too many ravens), complained Freud—and of inquiries into the riddle of life. *'Du sprichst immer so schwere Sachen'* ('With you everything has to be so deep'), Freud teased him. Of the fanciful humor that made Alice in Wonderland his favorite book and of his mordant sarcasm the letters, of course, tell nothing. After all, there were none of his among them.

My father was born in 1857 in Schüttenhofen which was then in Austria and is now in Czechoslovakia, and he died in New York in 1944. His lifetime encompassed most of the great discoveries of modern medicine: asepsis, anesthesia, vaccines, antibiotics, and, of course, local anesthesia. He used to say that he was born in the Middle Ages, for in Schüttenhofen water was then still drawn from the village well, and the enormous speed-up of communication and technology had not begun. And he lived well into the Atomic Age. I remember when Sir Ernest Rutherford first smashed the atom in 1919—or to put it more scientifically accomplished the first artificial transmutation—how awed I was as he tried to explain to me the significance of this inevitable step in the growth of human knowledge. Before he died the first atom bomb was being constructed at Los Alamos.

My grandfather, Leopold Koller, a business man in Teplitz, moved to Vienna with his family when his young wife died and his only son Carl was a small child. A man who revered knowledge, he was deeply interested in the education of his children, was very just and high-minded, but austere and distant. Having grown up in a period of revolution and social change, he was one of those Jews who made the difficult break from ritual and dietary laws, although he never ceased to regard himself entirely as a Jew. My father therefore had no formal religious education and was haunted as he grew older by the hopelessness of that loss which was expressed in poetry and prose by men like Matthew Arnold and John Stuart

Mill. The conflict of science and religion resolved itself for many into a terrible scepticism, and the verses I now found, by a contemporary poet, Carl Thomas, which my father had clipped from a Teplitz newspaper when he was nineteen, reflected this thinking. 'What of fame?' asked the poet, 'What of glory? What even of knowledge itself? The end and the answer must be nothingness.'

From private tutoring, instruction at some point by the Jesuit fathers, whom he ever after deeply admired, and after the *Akademisches Gymnasium*, he started with some uncertainty upon his career in 1875. For a year he studied jurisprudence and then in 1876 finally turned to the study of medicine at the University of Vienna.

The University and its adjunct, the *Allgemeine Krankenhaus*, or General Hospital, where my father later interned, were manned by such noted teachers as Professor Arlt, Brücke, Ludwig, Meinert, Billroth, Mauthner, and many others. Its teaching was profoundly influenced by the great deterministic Helmholtz school of thought (since Brücke as well as Billroth were two of its pillars), which had far-reaching effects on scientific thinking then as well as for a long time to come.

Continuing my search through the carton, I picked up a card covered with the tiny, disciplined writing of another founder of that school, Du Bois-Reymond, in whose laboratory my father worked for a while. And this recalled a letter he wrote in 1936, some fifty years later, in which he tried to explain determinism to me.

> He [Du Bois-Reymond] was quite a celebrity of that age. He made famous studies of the electric eels and rays of South America and had been the Rector of Berlin University, and his oration on that occasion, *Ignorabimus*, drawing the limits of human knowledge quite in the line of Kant, was a classic. I believe it is today. He rode the horse of causality, stating among other things that, if it were possible to know the set-up of things and forces, one would be able to foretell the future with mathematical precision. Of late the atomic physicists and especially

the 'quantum boys' have been assailing causality, claiming that an atom could change its mind and go a way other than which it is headed. Whereas the strict causality law does away with free will, the 'quantum boys' have re-established free will, which is in harmony with our own feelings, but not necessarily correct by any means *(37)*.

And again in 1941 at the age of eighty-four, in an even lighter vein:

> You don't need to think that the difference of opinion which came to a head when discussing the causes which make a dog elevate one hind leg when making use of a hydrant or lamp post is something new, and invented by you and me. It represented two great schools of philosophy, that of the Empirics (which is dead and buried) and of the Nativists, which is very much alive, and which latter has as an extravagant outgrowth the race theories of the Nazis. These two schools of philosophy had it out on the grounds of physiological optics. The great Helmholtz led the Empirics and the much less known Hering, the Nativists. There are no Empirics left any more (except you).
>
> Organisms work the way they are constructed without any benefit of experience. Dr. X, although I hate to quote him in this connection, said, 'A hospital works the way it is constructed'. With which he meant it would work smoothly if kitchens, pantry, and laundry are in the right place *(37)*.

So much for the philosophy underlying the scientific work at the University, reduced, of course, to primerlike terms. That University and the associated General Hospital, despite brilliant teachers, in many ways afforded a frustrating experience for lofty-minded young men with any thought of an academic future. Competition was keen, the requirements difficult, and examiners at times merciless and sarcastic, but these might be considered just and proper obstacles. There were worse things than matching knowledge against knowledge: favoritism, corruption, and the necessity for pulling strings and playing politics utterly at odds with the idealism of most of these proud, aspiring young scientists. Beside these, for men like

Freud or my father there was anti-Semitism, an evil-smelling vine that twined about the whole social structure of Vienna, choking so many green hopes to death.

Within the University the strength of anti-Semitism was perhaps heightened by a kind of race consciousness and nationalism which was linked to the German learning of the time. Germany was considered the true source of intellectual life. The non-Germanic peoples of Austria were considered less educated, less cultivated, and inferior, and even some of the great professors preached that this learning, developed by German thought, should be disseminated by those of German blood. True, I had but to look at the letters before me to see that, though the obstacles to promotion for a Jew were aggravated and a professorship was almost out of the question, Jewish students might still, as individuals, have close friendships with and receive inspiration from these unusual teachers, as my father did from Billroth, Ludwig, Stricker, and the others. We must not interpret the situation entirely by its fearful but logical conclusion in the blood bath of the last war.

The letters, therefore, were filled with many problems, as was natural in the crucial years when young men must decide their future. Among them was a series from three students who appeared to see a great deal of one another and whose letters about each other and the same happenings formed a tantalizingly incomplete but continuous story. These were Rosanes, Freud, and the brilliant and charming Lustgarten, who was a particularly close friend of Freud as well as of my father, and served as my father's second in a duel with an anti-Semitic colleague of which I now read for the first time.

Two of the letters written by Freud, when he was twenty-four and my father twenty-three, were about an old bugbear that has not changed much in the last seventy-five years—examinations. One of its most trying forms at the University was the oral *rigorosum* which, while considered a preliminary medical examination, could be taken even after studies were completed. The letters were written to my father on successive

days and though the first of them sounds high-spirited and gay, it was not necessary to read the second to find out that its writer was ill and exhausted. This the handwriting showed plainly as it grew more and more erratic and difficult to decipher.

Vienna, 23 July, 1880[1]

Dear Friend:

I no longer believe in earthly justice, for I can now obediently announce to you that I did not fail; on the contrary, I managed to pass with considerable distinction (*per minora* [a]). I don't know the kind of debacle for which the gods are actually sparing me, but this time they visibly held their sheltering hands over me. Before we turn to more interesting matters, listen to me like a good fellow while I tell you how it all happened. I am very happy about it; what is there to delight in, except for what comes one's way undeservedly? Perhaps one might even say that all men are proud only of distinctions they do not deserve. (Addition to the philosophical aphorisms in Stricker's diaries on General Pathology, in instalments [b].)

So I sat in travail with the fateful eve of examination approaching (*eref* examination, as they said in olden times [c]) and noticed that I still had all the material in front of me. So I decided to forget about pharmacology, of which I had learned narcotics, and to repeat this worthy subject quietly after vacation. But on Wednesday afternoon, twenty-four hours before the decision, I thought it over again; the fiendish laughter of Hell yelled in my ears, the clamor in Israel was great, and my best friends sang the dirge, 'Tell it not in Askalon. Publish it not in the streets of Gath', which was sung at the death of Saul and Jonathan. So I decided to delve for 12 more hours into the depths of pharmacology; and as this thought oppressed me, I went for a walk for several hours. It took several hours be-

[1] Notes: a. *per minora*—for less important subjects.
b. Salomon Stricker (1834-1898), professor of general and experimental pathology at the University of Vienna. Joking reference to Stricker's lectures on General and Experimental Pathology which appeared at the time in instalments.
c. Reference to Jewish holidays which always start on the preceding evening (*eref*—eve).

cause I met young Zuckerkandl [d], one of the most intelligent and pleasant people whom one might meet. I have to be brief. I could, to be sure, run through the little Binz [e]. But in pathological anatomy I have studied only the 'general' [part] and of internal medicine only the lung and infectious diseases. This was now a very serious matter. This joke might cost me 17 fl 50 and six months, as well as alienating the regard of Lustgarten [f] and Schwarz (you notice I don't put you in the same category). After a short collapse I went forth to the battlefield determined to defend my life in every possible way and to keep unrestrainedly quiet in pharmacology. The nearness of battle exerted its usual stimulating effect on me. I was lively, bold, and confident. From Sigmund [g] I got an 'Excellent' in no time for a clinical presentation of measles. Now came the Schlemil historicus [h]. With his usual lack of skill he questioned me on one subject only, brain hemorrhages. We had a lively debate. I could hardly use the most commonplace abstractum without his saying, 'This is not correct, this is a phrase', etc. I replied, 'I did not speak without thinking'. 'Think it over again and you will understand it yourself', he said.

[No signature]

Vienna, 24 July, 1880[2]

Dear Friend:

I had intended to burden you with a detailed account, but

---

d. It probably was Otto Zuckerkandl (1861-1921), later professor of urology at the University of Vienna, whom Freud calls the young one, in contrast to his older brother, Emil Zuckerkandl (1849-1910), professor of anatomy.

e. Karl Binz (1832-1913), professor of pharmacology at the University of Bonn. Freud refers here to *Grundzüge der Arzneimittellehre* of Binz. First edition 1866, twelfth edition, 1894. Possibly Freud had the sixth edition (1879) in mind.

f. Dr. Sigmund Lustgarten (1857-1911), instructor (Assistant) at the Chemical Institute, later at the Department of Dermatology at the University of Vienna.

g. Dr. Karl Sigmund, Ritter von Ilanor (1810-1883), since 1869 professor of dermatology and syphilology at the University of Vienna.

h. Unlucky fellow, apparently Freud's nickname for one of the examiners.

[2] Notes: See p. 318.

fatigue and feeling sick have not let this develop further than the torso which I don't want to withhold from you.

I am very sad to omit everything interesting, but I can't do otherwise for early tomorrow morning I am going to the Semmering [a] with my sister Rosa for the last three days of vacation. But I don't want to leave you too long in doubt of my fate.

Total result: 'Excellent' in pathological anatomy, general pathology, gastroenterology.

'Satisfactory' in four others. In pharmacology it may be announced that I did not miss a single question, but I could not avoid giving the impression of having learned nothing, as it always took me a long time before I could compose the right answer. With Stricker I would have had another 'excellent' had I not described a *Dämpfung* [b] as 'triangular', when it should have been 'square'. I am as glad as I am tired. Of our friend Stricker I shall report later.

For the present I wish you the smallest number of encounters, the biggest possible number of rendezvous, sheer Solo Pagat, Ultimo Valat [c], and assure you that it will give me great pleasure to answer further letters of yours after I have recovered my strength.

With warm greetings
Your friend
Sigm. Freud

The pathological laboratory, with the inscription *Indagandis causis et sedibus morborum,* housed two buildings that were to be of the greatest importance in my father's work. One was the chemical laboratory presided over by Professor Ludwig, who had himself been assistant to the renowned Bunsen at Heidelberg, and who more than any other influenced my father's scientific development. The other was Stricker's pathological laboratory, devoted chiefly to animal experimentation. Here along with my father worked his friends, Gaertner, Freud, Spina, and

[2] Notes: a. Mountain resort near Vienna.
b. An area of dullness in percussion.
c. Winning hands in the old Austrian card game, tarok.

Wagner von Jauregg, who later received the Nobel prize for his treatment of general paresis, in which he induced a fever by inoculating his patient with malaria plasmodium. Here my father studied circulation, respiration, and glandular secretions, employing many different poisons, and it was this work that prepared him for the discovery which is the subject of this paper. Here, as he plunged into the search for pure knowledge, he was to have the most satisfying scientific experience of his life.

It was a time, as I have said, before the age of specialization, but in the field of embryology this had already taken place, though the number of embryologists was very small. My father became absorbed in a then much disputed question, the origin of the mesoderm, or middle germ layer, of the chicken embryo. At a certain stage in the development of the embryo, the mesoderm appeared as though out of nowhere and it was a mystery how this came about. At the age of twenty-two, my father did not stumble upon the solution but reasoned it out, and his papers on the subject, published in 1879 *(18)* and 1881 *(25)*, created a stir in the small world of embryology. If one may judge by the letters, the young researcher found himself in the midst of an international correspondence. Not only the great histologist Kölliker, but other men prominent in the field, B. Benecke, Leo Gerlach, Edouard van Beneden of Belgium, and F. M. Balfour of England, to name a few, sent him their work and reviewed their scientific problems with him. He was honored by having his findings incorporated into the impressive *Festschrift* for Kölliker *(28)*, and they then found a place in the textbook of the Embryology of Man and Mammals by Oskar Hertwig *(12)*, one of the the most highly regarded and authoritative books in the field at the time. Many of the letters were addressed to the *'Hochwohlgeborener Herr Professor'* in ignorance of the age and status of the young scientist. This discovery, although of no significance to the general public, seemed to my father a greater scientific achievement than his discovery of local anesthesia, which had such important effects

on the history of medicine and surgery. Perhaps this was the happiest time of his life. He had received recognition in his chosen scientific field, and above all he had been privileged to experience the pure and divine joy that comes when a man finds himself, as Einstein, I believe, somewhere describes it, after much thought upon a new plateau of human knowledge.

It was my father's teacher in ophthalmology at the University, Professor Arlt, who pointed out to his students the need for a local anesthetic in eye surgery. This idea inspired my father, who now wished to go into the field of ophthalmology and hoped, by some important contribution in that field, to win one of the two assistantships in ophthalmology at the University. So he set to work upon this problem.

'Up to 1884', he wrote Dr. Chauncey Leake in 1927, 'the only method of local anesthesia known and not very frequently practiced was the Richardson ether spray, which acts by freezing and was used for subcutaneous abscesses and for similar operations of short duration. The immediate cause of my approaching the question of local anesthesia was the unsuitability of general narcosis in eye operations—eye operations were formerly being done without any anesthetic whatever' *(37)*.

And he added in a paper which resulted from Dr. Leake's suggestion: 'I therefore began to experiment in local anesthesia of the eye with a view to surgery—performing a great many experiments upon animals. Thus I tried chloral, bromide, and morphine and other substances, but without success and gave up these experiments for the time being. Although these experiments had been unsuccessful they had the good effect that my mind was prepared to grasp the opportunity whenever I should encounter a real anesthetic' *(23)*.

A quantity of photographs slid about among the piles of letters as I probed, and one inscribed to my father, was of a young man with a noble forehead, great intelligent eyes, and an expressive face. This was von Fleischl-Marxow, one of the two assistants of the famed Brücke. This charming man with a fantastically brilliant mind suffered from a disease so

painful that it had driven him to morphine addiction. Ironically his terrible agony was a most important link in the chain of events that was later to relieve so much of the world's pain—the use of cocaine as a local anesthetic.

Cocaine is the alkaloid derivative of the coca leaf—which was not separated from the leaf until 1855. The story of coca is very long and old, and there is space to mention only a few of the men who contributed to the knowledge of it. They must be thought of as individual trees in a forest.

The coca plant had been known from early times to the Indians of Peru and, from the time of Pizarro, had found a place in the literature. It was considered by the Incas a living representation of the god, and the fields where it grew were thought to be holy. 'Travelers in South America', wrote my father, 'on the high plateaus of the Andes in Peru and Bolivia brought back many tales of its mysterious properties'. In 1700 the poet Cowley wrote of how the god Varicocha gave man the nourishing leaves which enabled him to endure long hunger and heavy labor.

In 1847 Prescott wrote: 'This is a shrub which grows to the height of a man. The leaves when gathered are dried in the sun and being mixed with a little lime, form a preparation for chewing much like the betel nut of the East. With a small supply of this cuca in his pouch and a handful of roasted maize, the Peruvian Indian of our time performs his wearisome journeys day after day without fatigue, or at least without complaint. Even food the most invigorating is less grateful to him than his loved narcotic. Under the Incas it is said to have been exclusively reserved for the noble orders. If so, the people gained one luxury by the conquest' *(34)*.

Actually the conquistadors feared the power that lay in the control of the divine plant by one group, so that the second Council of Lima, October 18, 1569, three hundred and fifteen years before its present medical use was discovered, issued a decree against its exclusive use by one class. And after that period it was used so generally and extensively that it consti-

tuted a most important item of Spain's colonial trade. Indeed, the December 22, 1884 issue of the Medical Record remarks, 'At the present day the laborers of the whole of South America continue the use of coca'.

About the year 1863 in Paris, a young French chemist, Angelo Mariani, concocted a medicine from an infusion of imported coca leaves in wine, and *vin* Mariani, Mariani elixirs, Mariani lozenges, and Mariani teas soon became enormously popular, especially in America. Mariani became a standard and respected name, users were warned against imitators, and his products were endorsed by the most distinguished doctors such as W. Oliver Moore, de Wecker, and Charles Fauvel, who recommended them for a wide variety of uses. Mariani himself said of his wine, 'It nourishes, fortifies, refreshes, aids digestion, strengthens the system, it is unequaled as a tonic, it is a stimulant for the fatigued and overworked body and brain, it prevents malaria, influenza, and wasting diseases'. Dr. J. Leonard Corning wrote the following endorsement: 'Of *vin* Mariani I need hardly speak as the medical profession is already aware of its virtues. Of all the tonic preparations ever introduced to the notice of the profession, this is undoubtedly the most potent for good in the treatment of exhaustive and irritative conditions of the central nervous system' *(29)*.

Though manufactured in France by a Frenchman, this remedy was used most widely in America. I noticed, however, that the Viennese pharmacist, Dr. August Vogl *(35)*, under whom my father studied and whose library was used by Freud for reference (2, p. 584), highly recommended a cocaine tea which he himself brewed, and which he had been using for several years, adding sugar and cream, in preference to Russian tea! About the coca leaf infusions, one apparently could not say enough; but in regard to the chewing of leaves there were occasional warning notes. At the end of Prescott's passage on coca he says: 'Yet with the soothing charms of an opiate, this weed so much vaunted by the natives, when used to excess, is said to be attended with all the mischievous effects of habitual

intoxication' *(34)*. A footnote adds: 'A traveler (Poeppig, noticed in the Foreign Quarterly Review [No. 33]) expatiates on the malignant effects of the habitual use of the cuca as very similar to those produced on the chewer of opium. Strange that such baneful properties should not be the subject of more frequent comment with other writers! I do not remember to have seen them even adverted to' *(34)*.

Although Gardeke first extracted the active principle of the coca leaf in 1855 and named the alkaloid erythroxylon *(16,* p. 439), its present name came a little later. 'In 1858', wrote my father, 'the Austrian government sent the frigate Novarra on an expedition encircling the globe. Dr. Scherzer, not a medical man, but a trade expert, who was sent on this expedition to study trade opportunities, took a quantity of the leaves and gave them to the great chemist Wöhler, at the University of Göttingen, Germany. Dr. Wöhler had his assistant, Dr. Albert Niemann, extract the active principle. He found this to be an alkaloid and named it cocaine' *(21)*.

Now it had been known from earliest observation that the chewing of coca leaves made the lips and tongue numb (that is to say it numbed the mucous membrane of those parts), and this fact was also observed in the alkaloid cocaine almost as soon as it was separated from the leaf. In 1862 Professor Schroff, in a paper read before the Viennese Medical Society, pointed out that cocaine numbed the tongue, narrowed the peripheral arteries, and widened the pupils by its action via the bloodstream or when applied locally. Nor was he the only one to have experimented upon the eye. These facts were commented upon by Montegazza in 1859, De Marles in 1862, the Spaniard Moreno y Maiz in 1868, and by many others. In 1879 von Anrep, at the Pharmacological Institute at Würzburg, wrote a comprehensive experimental paper in which he also described the locally numbing effects of cocaine and even the dilation of the pupil upon local application, and he suggested that this drug might some day become of medical importance. 'Strangely enough', commented G. F. Schrady in an editorial in the Medical Record of Novem-

ber 8, 1884, 'Anrep did not note that the conjunctiva was insensible, or if so did not appreciate the significance of this fact'.

In the textbook on pharmacology which my father studied at the University, he had underlined the following passage which appears in the article dealing with the coca plant:

'Local effects: Injection under the skin as well as painting the mucous membrane, for example, the tongue—brings about the loss of feeling and pain. 15 minutes after painting it Anrep was incapable of distinguishing sugar, salt and sour at the treated spot. Even the needle pricks could no longer be felt there, whereas the other unpainted side reacted normally. The loss of sensibility lasted between 25 and 100 minutes.'

The article concludes with 'Therapeutic Uses: Up to now cocaine has not found any medical use. But on account of its powerfully stimulating effects on the psyche, respiration, and the heart, and also on account of its anesthetizing effect upon the mucous membrane, it might deserve experimental trial in quite a number of diseases.' Relative to the therapeutic use of the coca leaves: 'There have been some experiments but no trustworthy ones over an extended period. They are, however, sold commercially and highly recommended for all possible needs' *(32)*.

Probably the general effects of cocaine were so striking that its numbing of the mucous membrane was disregarded, although this characteristic had been generally observed and was uniform. As a matter of fact, anyone with medical training who had studied the alkaloid and learned that it numbed the mucous membranes of the tongue and lips now had sufficient information to reason out this discovery. It was certainly very strange, with this fact repeatedly noted, with experimentation already performed upon the eye itself, with a result of such importance only a short step away, that this discovery should not have been made by any of the brilliant scientists who experimented with cocaine over a period of twenty-five years. Even my father, his mind prepared by his search for a local anesthetic in surgery several years earlier, was not immediately aware of

the significance of this attribute. And it was not until he had the drug in his own possession and had noted its effect upon himself, that the numbing of the mucous membrane of the lips had sufficient impact to distract him from the purpose for which he was directly experimenting. This, as we shall see, was to test its general physiological effects for his friend, Freud.

Yet such is often the course of scientific discovery. To translate Mephistopheles' warning to Faust, which Freud quotes in his Autobiography in another connection: 'It is vain that you seek scholarly knowledge all about you; for every man learns only what he can' *(6)*.

It was not chance that the man who had been previously searching for a local anesthetic in surgery was the first to realize that the Peruvian herb was his answer. My father wrote: 'Just as the fact that sulphuric ether produced sleep and insensibility to pain had been known for a long time before Morton demonstrated successfully that this state could be utilized for the painless performance of operations, so the fact that cocaine locally applied paralyzed the terminations and probably the fibres of the sensitive nerves had been known for twenty-five years before it came into the hands of someone interested in and desirous of producing local anesthesia for the performance of operations' *(23)*.

Although cocaine had been the subject of interested research from the time the crystal erythroxylon was separated from the leaf (Dr. Herman Knapp *(16)* stated in 1884, 'There is an extensive earlier literature on coca and its alkaloids'), it had many ups and downs and was repeatedly abandoned especially in England and continental Europe as of no practical value. Freud later wrote that its neglect there might have arisen from the lack of uniformity and unreliability of its manufacture, and that these might have been responsible for the contradictory and inconclusive experimental results, as well as its scarcity and high price. Whatever the reasons, it had fallen into disrepute and was little spoken of at this particular time. Freud was undoubtedly acquainted with cocaine in a general way,

since he probably studied the same textbook as my father, and it will be recalled that in his letter he mentioned that he had studied narcotics. But now his attention was redirected to it, and this time with the keenest interest, by at least two articles. In one, Aschenbrandt *(1)* described the remarkable effects of cocaine upon Bavarian soldiers during the fall maneuvers, how with its help they were able to endure hunger, strain, fatigue, and heavy burdens. The other, by W. H. Bentley in the Detroit Therapeutic Gazette (one of sixteen articles on the subject published there which Freud had read), described the use of cocaine in the treatment of morphinism by withdrawing morphine and substituting cocaine. There existed in the United States quite a literature on the use of cocaine in this way. Freud now began to harbor the hope that it might be possible to relieve the suffering of his friend, Fleischl, with this interesting drug. 'The circumstances under which Freud became interested in cocaine', my father recounted, 'were the following: It happened at that time that a young physiologist of great prominence and promise, an unusually brilliant and attractive man, was being treated for morphinism by Dr. Josef Breuer, assisted by one of my colleagues, Dr. Sigmund Freud, the neurologist, later founder of the school of psychoanalysis' *(20)*.

'As assistant to the pathologist, von Rokitansky, he [Fleischl] had infected his thumb and in the amputated stump neuromata had developed, so that in consequence of the unbearable pain he had fallen a victim to the morphine habit. Dr. Breuer and Dr. Freud tried to break the morphine habit by substituting cocaine for morphine and in their plan they failed, so that their patient became a cocainist instead of a morphinist, probably the first of these unfortunates in Europe. And many a night have I spent with him watching him dig imaginary insects out of his skin in his sensory hallucinations' *(21)*.

Dr. Breuer was my grandfather's family physician and was deeply admired by my father, who described him as almost Christlike in character and charity, wise, restrained, lofty in

spirit, with that rare balance between the inquiring, intuitive mind and thorough, objective appraisal and research. 'Well-known among other things', said my father, 'for his work on the semicircular canals with the physiologist, Hering'. Of course he is better known to the general public for his early work with Freud, which is the first chapter in the story of psychoanalysis.

Freud and my father had known each other for four or more years. They belonged to at least one circle of friends: Paneth, Schnabel, Emil Wahler, Lustgarten, Rosanes, and many others, as the letters before me attest. They planned excursions together into the lovely countryside of Vienna and played tarok, an old-fashioned, four-handed card game, at the sidewalk cafés. I even came upon one card written by Freud to my father arranging such a game, but complaining about the unreliability of Lustgarten, who often defaulted at the last minute. The sentiment *En cas de doute, abstiens-toi* ('In case of doubt—don't!'), attributed to St. Augustine, which dashed so many of my impulsive childhood schemes, came from the plaque which hung over Freud's desk at the *Allgemeine Krankenhaus*. Occasionally they wandered down some scientific bypath together, as I see from a letter written to me by my father in 1933.

> Good for you, that you have discovered Graetz's History of the Jews. It was a standard work already when I was a very young man. It was in 1883 when a (perhaps the first) electrical exhibition was held in Vienna. It was in the Rotunda on the Prater, the only building that was left standing from the great exhibition of 1873. To profit as much as possible from this electrical exhibition, we, Lustgarten, Freud, and I, studied a textbook on electricity and its appliances, very well and lucidly written by Professor Graetz, Professor of Physics at the University of Munich. This Professor Graetz was or is the son of the Graetz who wrote the history of our people. Since we are talking about electricity and the 1883 exhibition, one of the exhibits did not look like much but it was fraught with History, Science, and Fate. It was a surveyor's compass that looked to be

> and was a galvanometer of the size of a very small alarm clock. And under it was the legend: 'With this *Bussole* Hans Christian Oersted discovered in 1820 that electric current deflects the magnetic needle'. In other words he had discovered electromagnetism 63 years before that exhibition, and there were already dynamos and all sorts of instruments and appliances to foreshadow the 'electric age' with all its developments from your electric door-buzzer to the telegraph, cable trolley, and electric R. R. which came from that discovery and that *Bussole*. . . . When I studied at Göttingen in 1885 and tried to follow the track which the mathematician Gauss had made, I happened to stroll into the P. O. and there was a small marble slab with the inscription: 'Here in 1830 the Professors Gauss and Weber plied the first electric telegraph between the physical laboratory and the astronomical observatory'. They evidently used Oersted's method, after they had agreed on the meaning of the deflections. Up until this day the cable uses the deflection of the needle when the current is closed for an alphabet. Morse, as you see, did not invent the telegraph, but by inventing the Morse alphabet made the telegraph possible and practical *(37)*.

Freud, who hoped to marry in the near future and therefore needed more than ever to get on with his career and make a name for himself (little dreaming in those anxious and uncertain days how brilliantly he was to succeed), began to hope that cocaine might be the means toward this end. He became more and more interested in its general physiological effects, and the more he tested it the more he became convinced of its miraculous powers. It now seemed possible to him that with its apparent harmlessness, it might not only be used for therapy in morphine addiction but help to increase work output, relieve depressions, contribute to a sense of well-being, and in short become a drug of the greatest usefulness to mankind.

With his enthusiasm, strong personality, and vivid manner of expressing his ideas, Freud made his interest known to his fellow students, among them my father, who was of course, also interested in the treatment of their friend, Fleischl. As

Freud and my father lived on the same floor of the *Allgemeine Krankenhaus* as interns and saw each other almost daily, they were in the habit of discussing their hopes, disappointments, and work. On more than one occasion Freud asked his assistance in experimenting upon some project, just as he later asked him to undertake experiments with him on the general physiological effects of cocaine. One of these earlier requests, breezily dashed off, has remained among my father's papers.

Freud now set to work to assemble all the known facts about cocaine in a thorough and colorfully written paper *(8)*, which had the effect of redirecting the attention of the Viennese doctors to this drug, creating immense general interest and excitement which went far beyond the circle of his friends and fellow students.

This study, twenty-five pages in length, discusses the coca plant, its history, the story of coca leaves in Europe, the action of cocaine on healthy human beings, and its therapeutic uses. The last heading, divided into seven parts, includes the following uses of cocaine: as a stimulant; for digestive disturbances; for the treatment of consumption; as a means of withdrawing alcohol and morphine in cases of addiction; for asthma; as an aphrodisiac; and lastly, its local uses. This may give some idea of the exciting but confusing range of possibilities that had been tried and discarded again and again since the scientific investigation of coca began.

In describing the history of the coca leaf in Europe, Freud wrote: 'Since the discovery of cocaine numerous observers have examined the effect of coca on animals and sick and healthy human beings, and some have employed the preparations designated as cocaine, some coca leaves in infusions, and some in the manner in which the Indians use them'. Under the heading, Therapeutic Uses, he noted: 'To many doctors cocaine seems fated to fill the gap in medical psychiatric treatment, which provides enough means of lowering the heightened excitement of the nerve centers, but knows no means of raising the lowered functioning of these. According to them coca is recommended

for the most varying kinds of psychic weaknesses.' The paper ends with the following paragraph describing the local uses of coca: 'The attribute of cocaine and its salt, the numbing of the skin and mucous membrane with which it comes in contact in concentrated solutions, may lead to other uses especially in *diseases*[3] of the mucous membrane. Following Collin, Charles Fauvel praises cocaine in the treatment of the pharynx, and describes it as *le tenseur par excellence des chordes vocales.* More uses that stem from the anesthetic effect of cocaine might very well develop.'

The local numbing seemed to suggest to Freud few uses beyond those already observed by von Anrep or mentioned in the textbook of Nothnagel and Rossbach. A possible usefulness in surgery did not occur to him any more than it had to Montegazza, Niemann, Wöhler, Schroff, Morena, or any of the other experimenters with cocaine since its separation from the leaf. What seems so obvious today probably escaped him because his goal was so very different; it was one which he was to achieve a long, long time later with tools which he himself would forge.

Immediately after the completion of his paper, Freud left Vienna on a long-anticipated trip to visit his fiancée in Hamburg. Before this, however, his interest in the general physiological effects of cocaine had led him into some experiments in which he had asked for my father's assistance. 'We would take the alkaloid internally by mouth and after the proper lapse of time for its getting into the circulation we would conduct experiments on our muscular strength, fatigue, and the like (measured by the dynamometer)', wrote my father *(20).*

This is the chain of events which actually placed cocaine in my father's hand and focused his attention on it: Freud's interest in the drug, awakened primarily by the American literature on substituting it for morphine, by which method he hoped to help his suffering friend, Fleischl; the actual purchase of the scarce, expensive product; and the request he made of my father to engage in experiments during the course of which my

[3] Italics added.

father was required to take it by mouth. These were the circumstances that prepared the way for his particular discovery, yet cocaine had been handled, taken by mouth, and its effect, even upon the eye, observed for twenty-five years without its usefulness in surgery occurring to anyone. 'Upon one occasion', my father said, 'another colleague of mine, Dr. Engel, partook of some [cocaine] with me from the point of his penknife and remarked, "How that numbs the tongue". I said, "Yes, that has been noticed by everyone that has eaten it". And in the moment it flashed upon me that I was carrying in my pocket the local anesthetic for which I had searched some years earlier. I went straight to the laboratory, asked the assistant for a guinea pig for the experiment, made a solution of cocaine from the powder which I carried in my pocketbook, and instilled this into the eye of the animal' *(27)*. The young assistant in Stricker's laboratory, Dr. Gaertner, was the sole witness to my father's discovery and, troubled by the misstatements that in time came to be so often associated with the story, he retold it in a 1919 newspaper of which he was medical editor.

'For the thirty-fifth time the day is approaching on which the discovery was made which brought blessing to mankind and glory to the Viennese school of medicine. The fortunate discoverer, Dr. Carl Koller, is still as active as ever. If I feel obliged to sketch the history of his contribution today, my reason is that already legends have begun to form about the person of the discoverer and the events that took place at the time of the discovery and after, which their subject, living in America, is not able to correct.

'My right to be able to make these corrections in his place stems from the fact that, favored by a lucky chance, I had the good fortune to be the sole witness to the birth of local anesthesia.

'One summer day in 1884, Dr. Koller, at that time a very young man, was engaged in a piece of embryological research. He stepped into Professor Stricker's laboratory, drew a small flask in which there was a trace of white powder from his pocket,

and addressed me, Professor Stricker's assistant, in approximately the following words:

'"I hope, indeed I expect, that this powder will anesthetize the eye." "We'll find out about that right away", I replied. A few grains of the substance were thereupon dissolved in a small quantity of distilled water, a large, lively frog was selected from the aquarium and held immobile in a cloth, and now a drop of the solution was trickled into one of the protruding eyes. At intervals of a few seconds the reflex of the cornea was tested by touching the eye with a needle. . . . After about a minute came the great historic moment, I do not hesitate to designate it as such. The frog permitted his cornea to be touched and even injured without a trace of reflex action or attempt to protect himself—whereas the other eye responded with the usual reflex action to the slightest touch. With the greatest, and surely considering its implications, most justifiable excitement the experiment continued. The same tests were performed on a rabbit and a dog with equally good results.

'Now it was necessary to go one step further and to repeat the experiment upon a human being. We trickled the solution under the upraised lids of each other's eyes. Then we put a mirror before us, took a pin in hand, and tried to touch the cornea with its head. Almost simultaneously we could joyously assure ourselves, "I can't feel a thing". We could make a dent in the cornea without the slightest awareness of the touch, let alone any unpleasant sensation or reaction. With that the discovery of local anesthesia was completed. I rejoice that I was the first to congratulate Dr. Koller as a benefactor of mankind' *(10)*.

Although my grandparents lived in comfortable circumstances in Vienna, my father seems to have been estranged from his stepmother at this critical time and was forced to live very poorly indeed on what he was paid as an intern. A few months later there were many warm letters from her as well as from my grandfather, for whom he had the deepest respect and devotion, but at this all-important moment he was painfully

poor, indeed so poor that he could not afford to go to the next important scientific meeting which was to be held in Heidelberg. Thus, at his request, it was his friend, Dr. Josef Brettauer of Trieste, who read his paper for him and demonstrated his experiments at the meeting of the Heidelberg Ophthalmological Society on September 15, 1884 *(26)*.

On the eve of the general meeting, Dr. Brettauer appeared before a small group of the staff and some distinguished visitors and gave them, as it were, a preview. With a sort of romantic justice, one of these men was the great Professor Arlt, whose teaching some years before had inspired my father's work. It happened that Dr. Henry D. Noyes of New York, who had been traveling in Europe, also was present. He immediately sent an account of what he had witnessed to the (New York) Medical Record in a letter which was published October 11, 1884. After describing the experiment, Dr. Noyes, who appeared to have been somewhat surprised at the youth of the doctor who had made such an important discovery, went on to say: 'The application of the muriate of cocaine is a discovery of a very young physician, or he is perhaps not yet a physician but is pursuing his studies in Vienna where he also lives. His name is Dr. Koller. The future which this discovery opens up in ophthalmological surgery and medication is obvious. The momentous value of the discovery seems likely to be in eye practice of more significance than has been the discovery of anesthesia by chloroform or ether in general surgery and medicine' *(33)*.

On October 17, 1884, at the meeting of the *K. K. Gesellschaft der Ärzte* in Vienna, my father was finally able to read his own paper. By this time, however, the news had already spread like wildfire (so great had been the need for this remedy), and experiments were under way all over continental Europe, England, and across the Atlantic, wherever doctors were gathered.

The first paper read at Heidelberg started with the assumption of the general medical knowledge of the properties of cocaine. 'It is a well-known fact that the alkaloid cocaine (Erythroxylon coca) makes the mucous membranes of the

throat and mouth anesthetic when brought in contact with it—this led me to investigate the action of this agent upon the eye' *(26)*.

In the second paper he mentioned this again and gave a brief history of the observation of this fact: 'From the foregoing it is evident that cocaine has been instilled in the eye in former years, but those phenomena which will be the subject of my present communication have been overlooked. The internal application of cocaine, tried repeatedly, has always been abandoned again. In 1880 Dr. von Anrep published an elaborate experimental paper on cocaine at the end of which he points out that its local anesthetic action may become of importance. . . . Cocaine was brought into the foreground of discussion for us Viennese physicians by the thorough compilation and interesting therapeutic paper of my colleague at the General Hospital, Dr. Sigmund Freud. Starting from the supposition that a substance paralyzing the sensitive terminations of the mucous membrane of the tongue could not greatly differ in its action on the cornea and conjunctiva, I have made a number of experiments in the laboratory of Professor Stricker' *(24)*.

Since I had never known more than the general outline of this discovery nor inquired beyond this, and since my father was the last man to dwell upon his scientific achievements except when he felt an error must be corrected, I was totally unprepared for what I now found in the literature of that time. The enormous excitement leaped like an electric spark across the arc of more than seventy years. The speed with which the news spread seems incredible when we consider the relatively undeveloped stage of communication.

Articles appeared immediately not only in leading medical journals of Europe, England, and America, such as The Lancet, the Medical Record, *Semaine médicale,* etc., but also, day after day, in lay newspapers. Events moved so rapidly and so much experimentation had occurred in the few weeks before the second paper was published that the sale of cocaine was immediately affected. To cite but one instance, from the Medical

Record (November 22, 1884, p. 578): 'Dr. Squibb of Kings County said that he had received over 300 letters asking for cocaine immediately after the publication of Dr. Noyes' letter in the Medical Record—the price of the drug was formerly $2.50 per gramme (15 gr.) but is now about $.50 a grain'.

From all over the world letters poured in. Bundles of them lie about me as a I write. They asked my father for fuller information, complained about the rise in price, added their own new-found observations, and congratulated him. Some were from the sick and nearly blind, filled with some last, poor ray of hope, some from lay people, some from doctors, and there was one from a cavalry officer, imploring further information so as to save the sight of his favorite horse.

My father was, of course, aware that local anesthesia had more general implications and was not by any means limited to operations on the eye. 'I had started from the fact that the drug made the *lips* and *tongue* numb,[4] but I limited myself to the eye, wishing to make a contribution to ophthalmology and also wishing to establish a claim to the much-coveted position of an assistant at one of the large eye clinics. I did, however, directly suggest to my friend, Jellinek [assistant to Schrötter in the laryngological clinic], that he make experiments on the nose, pharynx, and larynx. He reported the results at the same meeting of the *Gesellschaft der Ärzte* (October 17) at which I read my [second] paper' *(24)*.

Jellinek speedily demonstrated the success of operations in these areas. He said: 'The experiments I am dealing with here were made after Dr. Koller had told me of his observations in regard to the cornea, and I must offer him my warmest thanks for his help and for leaving the corresponding medical situation (discovery of the usefulness of cocaine in operations on the nose and throat, etc.) to me' *(14)*.

A letter from my father to Dr. W. Oliver Moore, dated November 11, 1884, was subsequently published in the New York Medical Journal in answer to a request for the history of his dis-

[4] Italics added.

covery. After mentioning the fact that the work of Freud had focused his attention on cocaine, it states: 'To convince myself of the wonderful effects of the drug upon the system generally, I took a quantity of the alkaloid, placing it on the tongue, and noticed the benumbing influence (this effect was already known to me through books); the idea occurred to me that the influence of cocaine on the terminal nerves of the conjunctiva and cornea should be the same as on the tongue and, if so, would be of the greatest importance, as we had not such a substance that would produce anesthesia without at the same time cauterizing the tissue'.

'To Dr. Koller, therefore', adds the Journal, 'is due the honor of the discovery and more credit is due him as he arrived at the facts by *reason* and not by accident. . . . Since his announcement of its wonderful anesthetic properties every journal in this and other countries has been filled with enthusiastic accounts of operations not only on the eye but on regions far removed from that organ' *(31)*.

*Le Progrès médicale,* of November 29, 1884, states: 'All medical journals resound at the moment with news of this triumph of healing. It is scarcely two months since Dr. Koller of Vienna published for the first time the happy attribute [of cocaine] as a local anesthetic for the eye—and already publications on the subject are so numerous and the results so uniform that there exists a whole bibliography. . . . As always in such cases one has already taken as reality that which for so long had been only a hope, and one has the thought that cocaine is to be the means of banishing chloroform for operations on the eye'.

Dr. Herman Knapp, one of the foremost ophthalmologists in New York, who in his youth had been assistant to the famous, much-loved surgeon, von Graefe, was to become a lifelong friend of my father. He also followed the events of the discovery with intense interest. Already on October 25, 1884 he had published an article in the Medical Record in which he said: 'As soon as I read the remarkable communication by Dr. Henry Noyes [*33*] I procured specimens [of cocaine] from different

sources, Dr. E. R. Squibb, Bradley W. Foucar, N. Y., Messrs. Eimer & Amend, N. Y., and looked up many books'.

Matters had proceeded with such explosive rapidity—so fast that the sequence of events and even the facts of the discovery had become obscured—that by December Dr. Knapp thought the time had come to summarize them in an orderly account *(16)*.

'No modern remedy', he wrote, 'has been received by the profession with such general enthusiasm, none has been so rapidly popular, and scarcely any one has shown so extensive a field of useful application as cocaine, the local anesthetic recently introduced by Dr. C. Koller of Vienna. Convinced that it will not only continue to prove as valuable as it has hitherto been found, but that its properties will be the subject of numerous scientific researches and clinical observations all over the globe for many years to come, I purpose as far as I am able to collect in the following pages what knowledge has thus far been acquired on this highly interesting and important drug. To help the reader in gathering information is, however, not the only object of this paper. I would like it also to act as a stimulus for new investigations. From this standpoint I consider a faithful, unabridged translation of the original paper which Dr. Koller read before the Medical Society of Vienna and published in the *Wiener Medizinischer Wochenschrift,* October 25, 1884, not only as an acknowledgment of a debt of gratitude we all owe to him, but also as an appropriate introduction to the present article.'

The translation of my father's paper then follows, and Dr. Knapp continues: 'Two weeks before the original of Dr. Koller's paper was published in Vienna, physicians were informed of its substance. Merck's muriate of cocaine being in the N. Y. market, they without delay tried the new anesthetic in every direction, finding for themselves a number of important facts before Dr. Koller's other European publications reached them.

'This occurred in the following way: Dr. Henry D. Noyes of New York, traveling in Europe, sent to the Medical Record a

letter published in that journal on October 11, 1884. One of his notes attracted the greatest attention among the oculists of New York and, I dare say, the whole country. It was "The extraordinary anesthetic power which a two percent solution of muriate of cocaine has upon the cornea and conjunctiva when dropped into the eye". The cornea and conjunctiva can be touched and rubbed with a probe, a speculum inserted, the conjunctiva grasped with a pair of fixing forceps, and the eye pulled in different directions, without any unpleasant sensations. "The solution causes no irritation of any kind and its effect disappears in 15 to 30 minutes." Its remarkable anesthetic property was discovered by a young physician, Dr. Carl Koller, *Secundärarzt* (intern) at the General Hospital of Vienna, only a few weeks before its presentation at the Heidelberg Ophthalmological Congress through Dr. Brettauer. Dr. Koller made a few trials with it. These he had been led to make from his knowledge of the entirely similar effect which it has for some years or more been shown to have over the sensibility of the mucous membrane of the mouth, pharynx, and larynx. The substance makes a clear solution and is found in Merck's catalogue.'

The hopes which Freud harbored for cocaine were of such a different nature and so great that when he returned to Vienna to find its use as an anesthetic in surgery the center of medical conversation and excitement, he did not feel at all that he had missed a discovery, but rather that here was more evidence, although only in regard to a side issue, of the potentialities of the drug with which he had become so deeply enamored. Several papers followed his first one, *Über Coca.* Among my father's papers were two of them, inscribed to him by Freud. Across the top of the first one, giving an account of the experiments with the dynamometer in which my father had taken part, Freud had written facetiously, *'Seinem lieben Freunde Coca Koller* [To his dear friend Coca Koller] from Dr. Sigm. Freud'. This paper contains the following paragraph: 'Last July in Heitler's *Centralblatt für Therapie,* there appeared a

study by me of the coca plant and its alkaloid cocaine, which, basically an examination of the information in the literature and my own experiences with it, brought this long-neglected remedy to the attention of the doctors. I may say that the results of this stimulation were unexpectedly quick and complete. While Dr. Königstein undertook at my suggestion to test the pain-deadening and secretion-shrinking effect of cocaine on the *diseased* conditions of the eye, Dr. Carl Koller, my colleague at the hospital, *independently* of my personal suggestion conceived the happy idea of producing a complete anesthetic and analgesia of the cornea and conjunctiva by means of cocaine, *whose anesthetic effect on the sensibility of the mucous membrane had long been known,*[5] and further demonstrated the high practical value of this local anesthetic through animal experimentations and operations on human beings. As a result of Koller's communication in regard to this in this year's Congress of Ophthalmologists at Heidelberg, cocaine has been generally taken up as a local anesthetic' *(7)*.

The other paper was a later reprint of Freud's original paper, *Über Coca,* with a few additional remarks. This paper also bears Freud's inscription across the top, *Seinem lieben Freunde Dr. Carl Koller von Dr. S. Freud,* and it is evident here that his hopes were still high that cocaine could yet achieve for mankind those other great services of which he had dreamed. 'For the local application of cocaine: This use of cocaine has received universal recognition through its application by Koller to the cornea, through the work of Königstein and numerous others, and assures cocaine a lasting value in medicine. It is to be expected that the internal uses of cocaine will lead to equally happy results, although the present high price is a hindrance to further experiment' *(9)*.

Freud in his Autobiography in 1925, forty-one years later, gave the following account of his interest in cocaine: 'A side interest, though it was a deep one, had led me in 1884 to obtain from Merck some of what was then the little-known alkaloid

[5] Italics added.

cocaine and to study its physiological action. While I was in the middle of this work, an opportunity arose for making a journey to visit my fiancée, from whom I had been parted for two years. I hastily wound up my investigation of cocaine and contented myself in my book on the subject with prophesying that further uses for it would soon be found. I suggested, however, to my friend Königstein, the ophthalmologist, that he should investigate the question of how far the anesthetizing properties of cocaine were applicable in *diseases* of the eye. When I returned from my holiday I found that not he, but another of my friends, Carl Koller (now in New York), whom I had also spoken to about cocaine, had made the decisive experiments upon animals' eyes and had demonstrated them at the Ophthalmological Congress at Heidelberg. *Koller is therefore rightly regarded as the discoverer of local anesthesia by cocaine, which has become so important in minor surgery;*[6] but I bore my fiancée no grudge for her interruption of my work' *(6)*.

Time plays strange tricks. In this statement, as always, Freud gives credit for this scientific piece of work where it is due, although, as we know, he had not only spoken to my father about cocaine but had also asked him to engage with him in experimentation with it. There is, however, something in the tone of this paragraph which can be accounted for, not by his feelings at the time of the discovery, when he still expected to reach other even greater results with cocaine, but only by his feelings a few years later, when these hopes were gone and only its value in surgery shone on undiminished. His biographer, Dr. Ernest Jones, relates that Freud did not 'hastily' leave for Hamburg, but that this journey to see his sweetheart, from whom he had been separated for one year, had been planned ever since they had parted. Jones, like Bernfeld, points out what I believe I have demonstrated by the literature of the time, that Freud's real interest, which later led to such brilliant achievements, had nothing to do with local anesthesia in surgery; he did not think of it and time would not have changed this fact.

[6] Italics added.

It is not known what 'diseases of the eye' Freud had in mind when he suggested that his friend, Dr. Leopold Königstein, experiment with cocaine. Königstein did so, but no more than the others who had gone before did he grasp the significance of its use as an anesthetic in surgery.

In an article *(37)* dated October 19, 1934, written to correct various errors in newspaper articles which had appeared in connection with the fiftieth anniversary of the introduction of cocaine as a local anesthetic, my father wrote: 'When Dr. Königstein heard that I declared cocaine a perfect anesthetic for eye operations, he said that I was mistaken, and no wonder. He had tried cocaine in various ways, mostly against inflammations, relying on its vasoconstrictor effects. For instance, he tried to cure trachoma and had used alcoholic solutions, so that it would have been impossible to detect any anesthetic effects because they would have been covered by alcoholic irritation. When Dr. Freud came back in the Fall, as he states in his Autobiography, he found that not Dr. Königstein, whom he had asked to make experiments on the diseased eye, had found anything of value, but another friend of his, Dr. Carl Koller, to whom he had also spoken about cocaine.

'Dr. Königstein regretted very much that he had allowed such an important fact to slip through his fingers, and when I read my paper about cocaine before the *Gesellschaft der Ärzte* October 17, 1884, Dr. Königstein also read a paper [*17*] from which it appeared that cocaine was an anesthetic, but in which it was not mentioned that I had made the experiments before him. To prevent an unseemly wrangle about priority, Doctors Freud and Julius Wagner von Jauregg made Dr. Königstein insert a letter (*Wiener Medizinische Presse,* Nos. 42 and 43, 1884) to the effect that he conceded the priority of the idea of utilizing the anesthetic properties of cocaine for practical purposes to me. Freud himself has never laid any claim to it. . . .'

Two of the letters remain to tell the story of a type of incident all too common in the history of scientific discovery. Deep as was the contempt for the seeking of publicity in the lay world, rightful priorities were something else and were

sometimes bitterly contested in the scientific world in which they were claimed. One of these letters was to my father from Freud, who was apparently shocked and astonished by the conduct of his friend:

Dear Friend:

I am aghast at the fact that in K's[7] published paper there is no mention of your name; and I don't know how to explain it in view of my knowledge of him in other respects; but I hope you will postpone taking any steps until I have talked to him, and that you will, after that, create a situation in which he can retract.

With kind regards
Dr. Sigm. Freud

The other letter was from Königstein, very amicable in tone and assenting to the wording of the withdrawal of his claim to priority, a draft of which was enclosed in Freud's letter. His position was, to say the least, not very strong, since his paper was read at the time of my father's second paper, nearly a month after the first communication at Heidelberg. The relationship between Königstein and my father seems to have been perfectly friendly afterward, for I found later notes from Königstein, the first of which complimented him most warmly for his behavior on the occasion of the duel.

Dr. Rossbach, in whose pharmacological laboratory von Anrep had done thorough and original work which was respected and admired by my father, now raised his voice. He had read a review of my father's paper from which he gathered that von Anrep's work had been ignored. My father's answer is given here as a clear, contemporary statement of exactly what he considered his accomplishment to be.

Vienna, December 17, 1884

Honored Editor:

I wish to publish the following explanation, after which the

[7] Leopold Königstein (1850-1924), a friend of Freud, later professor of ophthalmology at the University of Vienna (*15*, pp. 86-89, ff.).

'Priority Protest' which appeared in the No. 50, 1884, of your estimable paper, will be found to be groundless.

1) Herr Professor Rossbach makes the reproach, on the evidence of a review he read about my report before the *Wiener Gesellschaft der Ärzte* on October 17, in which he missed the mention of v. Anrep, that I seem to be less concerned with the priority of v. Anrep than with my own.

I have, however, as can be seen from the accompanying reprint of the aforementioned communication, given due credit to the contribution of v. Anrep concerning the knowledge of the anesthetizing effect of cocaine, in the following words: 'In the year 1880 Dr. v. Anrep (*Pflügers Archiv. f.d. ges. Phys. 21 Bd.*) published a comprehensive experimental work about cocaine, at the conclusion of which he already pointed out that the local anesthetic effect of cocaine might become of importance'.

I must therefore regret very much that Herr Professor Rossbach did not look at the wording of my article (*Wiener Med. Wochenschrift*, 25 Oct. and 1 Nov.).

2) There can be no question of v. Anrep's priority in regard to the anesthetic effect of cocaine on the mucous membrane, since this was already known to the first researcher about cocaine in Europe, Professor Schroff (Cf. *Ztschr. d. K.K. Fes. der Ärzte in Wien*, 1862), as well as to all those that followed. Concerning this there can be no priority claim in favor of v. Anrep as against a later authority. V. Anrep, to be sure, has made this effect of cocaine the object of a close study.

3) I have never taken credit in regard to the discovery of this useful physiological characteristic of cocaine, although its effect on the cornea was never before attempted. I have only made that step, as Professor Rossbach rightly remarks, to turn well-known or easily deduced effects of cocaine to use in practical medicine, especially in the field of ophthalmology *(19)*.

As time went on some warning murmurs began to be heard in connection with cocaine, which had been taken up with such enthusiasm since the publication of *Über Coca* and since its brilliant success in surgery as a local anesthetic. Already in the October 25, 1884 issue of the Medical Record an editorial had

stated: 'As yet we know little or nothing of its possible poisonous effect in large doses. It is to be hoped that no rashness in experimentation will demonstrate them.'

It so happened that in March 1885 in a lecture before the Psychiatric Society, according to Dr. Siegfried Bernfeld *(2)*, Freud had said, referring to the treatment of morphinists: 'I would advise—without hesitation—giving cocaine in subcutaneous injections of 0.03 to 0.05 grms. per dose and not to shrink from an accumulation of doses'.

According to Jones and Bernfeld, his biographers, Freud was to reproach himself bitterly for this statement made in the days of hopeful enthusiasm. For as cocaine came more and more into general use, two or three years after the discovery of local anesthesia, it became apparent that cocaine had not been sufficiently tested in respect of some of its other therapeutic uses, and that addiction and even death had occasionally resulted. The praise and credit that had come to Freud for his fine paper and for having reawakened interest in the drug now turned to attack. He was accused of recommending subcutaneous injections without sufficient research and, in addition to the hue and cry about cocaine, was charged with charlatanism and quackery because of his enthusiasm for Charcot's work. It must have been a bitter experience for a sensitive and brilliant man, trained in the tenets of the Helmholtz school, who judged himself by its stern scientific standards, to find himself condemned as reckless and wanting in these very qualities, all the more since his keen desire to help and heal had led to his difficulties. Interestingly, Bernfeld suggests that this was the reason why Freud never again referred to his lecture on subcutaneous injections. He kept no reprint of its publication in his files, and in all the editions of The Interpretation of Dreams, as well as in the Collected Papers of 1925 and 1948, he gave 1885 (the date of the lecture) instead of 1884 as the date of his cocaine paper. Whatever his unconscious motivation (as suggested by Jones and Bernfeld), if indeed there was any, this was the only date available to anyone using the above works for reference *(2, 15)*.

Like his friend Freud, who was to fall from the height of his hopes and dreams of establishing himself into years of disappointing struggle, my father was catapulted from the summit of early renown and success into terrible despair. In his case the change came with the utmost rapidity, whereas it was several years before Freud had to acknowledge the withering of his early hopes.

Although my father's name was now on the tongues of doctors all over Europe and America, and the medical publications were full of his discovery, he had in Vienna many enemies as well as friends. He was not only a Jew (in itself a drawback to promotion at the University) but a difficult, tempestuous young man, one who could never be compelled to speak diplomatically even for his own good. His chances of winning the longed-for assistantship in one of the great eye clinics receded further and further while, for all his glory, he stood looking anxiously into the bleak and uncertain future. Then came an incident which very nearly put an end to his young career.

He had served his year of compulsory military training in the Austrian Army in 1876, and I learned from his papers that his rank as a medical officer was First Lieutenant, or *Oberarzt* in the Army Reserve. His sword, rusted in its sheath, was accepted by me as a natural appurtenance to the attic of our brownstone house in New York, and even now the thought of it calls to mind the shelves laden with knickknacks and objects swathed in white covers and the strong odor of camphor. Now as I began to sort through the brown carton, my eye was caught by a bundle labeled '6 January, 1885'. This held letters of congratulation that referred to some event which obviously had nothing to do with the discovery of local anesthesia, but I was not yet familiar enough with German script to have anything but a foggy idea of their content. There were some documents of an imposing official appearance and, to my astonishment, a summons to appear before the Vienna police. Following the trail unsuccessfully through yellowed newspapers—here an

account of the disastrous Ringtheater fire with its terrible loss of life and lists of victims, there reports of the Dreyfus case, which fascinated my father as it did the Western world, and many, many articles on the discovery of cocaine and the experiments that followed it—I came at last upon the answer in a newspaper article of January 7, 1885 in the *Neues Wiener Abendblatt.*

'(Duel) A few days ago in the General Hospital there occurred an altercation that yesterday led to a duel. The following circumstances led to the happening. The sick brought to the institution come to the Admitting Room on stretchers before they are turned over to the doctors who will take care of them, and it is there decided which will be taken at once and which will be examined later. On this particular day there was in charge of the Admitting Room a young doctor, recently much discussed for his scientific achievement, to whom a man with a very seriously injured finger was brought. The young doctor looked at the injured finger and saw that it was constricted too tightly by a rubber bandage so that the circulation was cut off and that there was immediate danger of gangrene. Among the other interns present in the room was a student of Billroth who asked that the patient be designated for Billroth's clinic (some of the patients are immediately assigned to the various clinics from the Admitting Room). The doctor in charge of the Admitting Room made a note of this request and then wanted to loosen the dangerous bandage but the other began to object. Without paying any attention to these objections, the first doctor quickly cut the ring bandage from the finger of the patient. At the same time the second doctor hurled an insult at him that sounded like "Impudent Jew". A resounding box on the ear was the answer to this insult. As a result of this retaliation the second one, insulted by the box on the ear, naturally found himself obligated to send his seconds to his colleague, and the matter finally ended in a sabre duel which took place yesterday. The young doctor who properly did his duty in saving the sick man entrusted to him from imminent danger remained entirely unwounded while the other after a few passes was led away.'

The cold official complaint covered several long pages:

'The intern in the General Hospital and Lieutenant in the Army Reserve, Dr. Carl Koller, became involved in an altercation on January 4 of the current year with Friedrich Zinner, a doctor and also a Lieutenant in the Army Reserve, during the performance of their duties as Admitting Physicians at the General Hospital. In the course of this altercation there occurred an act of insult first by word and eventually by action.

'For this reason Dr. Zinner sent, as his seconds, two doctors, officers of the active Army, to Dr. Koller to notify him of the challenge. The challenge was accepted.

'It was agreed to use "Spadones", i.e., honed foils with very thin and light blades. It was further agreed that the fight would go on until one or the other party should be unable to defend himself. There were going to be no bandages and the seconds were not to interfere, i.e., the seconds should not participate in the duel and not fence off certain thrusts as is sometimes customary.

'The duel took place on January 6 at the Cavalry Barracks at Josefstadt.

'The two defendants had, for the duration of the fight, taken off their coats and were dressed only in their shirts as far as the upper parts of their bodies were concerned. All in all there were three thrusts (or rounds); during the third, Dr. Zinner was wounded on his head and the right upper arm. He was immediately bandaged and taken to the General Hospital.'

Then follows a description of the wounds, the head wound being severe.

'According to the expert testimony of the medical examiners, the foils used during the duel are able to produce the wounds described if the foils should be used with a considerable expenditure of strength to strike somebody's head and might well result in a deadly wound.

'Considering this expert testimony and also considering that Dr. Zinner actually received a severe wound on his head, the foils used during the duel must be considered deadly weapons.

'While the defendant Carl Koller refused to answer the ques-

tions of the District Attorney, Dr. Friedrich Zinner has described the beginning and the events of the duel as mentioned above. He declares that he felt constrained to make this challenge because otherwise he would have forfeited his officer's rank as *Oberarzt* (Lieutenant) of the Army Reserve.'

Behind this duel, which was not the customary affair in which upper-class German students were wont to indulge, lay a long history of anti-Semitism, of small and large humiliations, and age-old hate. The box on the ear delivered by a hotheaded young man seemed to express for his Jewish colleagues their long-suppressed bitterness and resentment. Like a cry of relief, like the release of a long-held breath, letters poured in congratulating my father and rejoicing that one of their number had at last held up his head and answered his attackers like a man. Freud's letter[8] to his fiancée Martha Bernays, while the duel was in progress, expresses some of these feelings.

Vienna, Thursday, 6 January, 1885[9]

My precious Darling:

In the confusion of the past few days I haven't found a moment's peace to write you. The hospital is in an uproar. You will hear at once what it is all about.

On Sunday Koller was on duty at the Journal, the man who made cocaine so famous and with whom I have recently become more intimate. He had a difference of opinion about some minor technical matter with the man who acts as surgeon for Billroth's clinic, and the latter suddenly called Koller a 'Jewish Swine'. Now you must try to imagine the kind of atmosphere we live in here, the general bitterness—in short, we would all have reacted just as Koller did: by hitting the man in the face. The man rushed off, denounced Koller to the director, who, however, called him down thoroughly and categorically took Koller's side. This was a great relief to us all. But since they

[8] In: *Letters of Sigmund Freud.* Selected and edited by Ernst L. Freud. Trans. by Tania and James Stern. New York: Basic Books, Inc., 1960. Letter No. 55, pp. 131-132. Reprinted by permission of Ernst L. Freud and Basic Books, Inc.

[9] Notes: See p. 349.

are both reserve officers, he is obliged to challenge Koller to a duel and at this very moment they are fighting with sabres under rather severe conditions. Lustgarten and Bettelheim (the regimental surgeon) are Koller's seconds.

I am too upset to write any more now, but I won't send this letter off until I can tell you the result of the duel. So much could be said about all this.

Your pleasure over the little presents made me very happy; surely Minna wouldn't think that I would confine her to a calendar! The Eliot [a] is for her, I have reminded them again. As for the money, my little woman, you keep it; Minna has a claim to part of the previous sum; it will be a long time before either of you get more.

Paneth has given me six bottles of very good wine, some of which will go to my family, but some will be drunk by myself and others here in my room. One bottle has gone off today to Koller to fortify him for the fight. I am considering a reckless purchase. For the forty-two florins' interest from Paneth I am going to buy myself a decent silver watch with a chronograph in the back; it has the value of a scientific instrument, and my old wreck of a thing never keeps proper time. Without a watch I am really not a civilized person. These watches cost forty florins.—I am too impatient to go on writing.

So far my neuralgia injections are working very well; the trouble is I have very few cases. Yesterday I went to see Prof. Weinlechner [b] and Standhartner [c], who gave me permission to use the treatment on all cases of this kind in their department. I hope to learn more soon about the value of the procedure.

I must go now and see if they are back.

All is well, my little woman. Our friend is quite unharmed and his opponent got two deep gashes. We are all delighted, a proud day for us. We are going to give Koller a present as a lasting reminder of his victory.

Farewell, my sweetheart, and write again soon to

Your Sigmund

[9] Notes: a. Book by George Eliot.
b. Dr. Joseph Weinlechner, professor of surgery at the University.
c. Dr. Josef Standhartner, professor at the University of Vienna.

In the packet of congratulatory letters was one from Freud to my father, written later on the same day.

Vienna, 6 January, 1885

Dear Friend:

I have missed spending the evening with you. After the vehement excitement of the last days I felt the need to unburden my heart to two of the dearest people, Breuer and his wife. You may guess what we were talking about, and what Breuer's comment was. It would give me great pleasure if you would accept my offer to use the intimate term *du* as an external sign of my sincere friendship, sympathy, and willingness to help. I hope that the shadows which seem to threaten your life at present will soon vanish and that you will always be what you have been in these last weeks and days, a benefactor to mankind and the pride of your friends.

Your Sigm. Freud.

Only from then on did the letters use this intimate *du*—those were indeed formal times. The only other facts I have since been able to unearth are that my father was pardoned (the pardon was among his papers), that he had never had the slightest experience in dueling, and had managed to take just one hasty lesson, and that his seconds were his friends, Dr. Lustgarten and Dr. Bettelheim, the regimental surgeon. No doubt he never wished to recall the anguish of those days. A box on the ear may very well be a reflex action, but a duel in which the object is to injure or be injured is quite another thing. What thoughts must have filled his mind for those forty-eight hours before the duel? How terrible it must have been not only to dread his own maiming or death but the almost equally horrible alternative, to injure another. What a conflict there must have been in the soul of a physician who, if he is worth his salt, dedicates his whole soul to cherish and fight for life, not to destroy it.

The events of the next few months are unknown to me. Perhaps this duel crystallized the difficulties which, because he

was a Jew, hampered his career. One thing is certain; during this time it became apparent that any hopes of promotion in the University, of which the hospital was a part, were quite vain. An article written in 1899 gives one a sense of how unfavorable the situation was. It appeared in a small Viennese periodical in answer to an inquiry as to the whereabouts of Dr. Carl Koller and was entitled University Negligence!

'Dr. Koller is at the moment one of the busiest ophthalmologists of New York. After completing his studies he was for some time intern at the clinic of Professor Weinlechner and settled an affair in which he was involved in the course of his service in a manner as praiseworthy as it was gallant—so that Professor Weinlechner commended Dr. Koller in his reference when he left, most warmly, not only as a doctor but as a man. Dr. Koller, whose first love had always been optics and its science, discovered in his private research, as you correctly brought out, the beneficial effects of cocaine, which was of inestimable value in eye surgery. Cocaine made a triumphal tour through the entire world—Koller, however, was not even able to get so much as an assistant's position in Vienna. Along with the lack of protection that you mention, there was a characteristic of Dr. Koller's that also played a part; namely, Dr. Koller was stiff-necked (stubborn), and a stiff neck paired with real strength of character amidst conditions as you described them hardly served as an impetus to the furthering of a career.' The article continued to describe how my father's good friend, Dr. Lustgarten, also was forced to leave Vienna because of some difficulties with the director of the General Hospital. 'Both Dr. Koller and Dr. Lustgarten rank in New York as the finest examples of the Viennese school. Creditable as it may be for the latter to be so worthily represented abroad, it must nevertheless be deeply deplored that matters at home should be so ordered that two outstanding doctors in succession must be numbered amongst those who do not count in their own fatherland' *(5)*.

There is a feeling in some of the letters that the period of

scientific awakening in Vienna is over and that the orange has been squeezed dry. This disenchantment was reflected not only in Freud's letters, but also in those of Lustgarten, Widder, and others.

So the story went—much fine linen paper covered with helpful suggestions, but the alternatives were hard. It was a bitter experience for my father to find that even with a notable achievement to his credit all doors at home were shut in his face and, even in foreign lands, the outlook was none too hopeful. His good friend Le Plat, assistant to another lifelong friend, Professor Ernst Fuchs, wrote warning him away from Paris—for the competition was also keen there and feeling was growing against foreign students coming in to usurp the scarce positions which the French considered rightfully theirs.

Ill and in a pitiable state of hopelessness, my father existed through the days until he was pardoned. It was at some time during this period that he literally saw the handwriting on the wall and finally resolved to leave Vienna forever. As he was walking moodily through its streets one day he saw scrawled upon the side of a house these jeering words: *'Die Religion ist uns einerlei / In der Rasse liegt die Schweinerei'*.[10] Up to that moment, he later said, he had felt that anti-Semitism was largely a matter of religious belief, and this was something he considered at least within the scope of comprehension and might still be endured. But these words, written by an unknown hand, illuminated like a flash of lightning the nature of the enemy and a hate with which it was impossible to come to terms. It is because of this revelation that I am sitting here in my garden in the sunshine of this blessed land, and that he was privileged to show his gratitude like so many, by stretching out a saving hand to others when the bestial unreason had come to full growth under Hitler some fifty years later. From Teplitz my father went to study at Göttingen and other seats of learning in Germany and France. Meanwhile, from time to time he corresponded with his friend Freud who, if we judge by his let-

[10] 'It is not the religious belief that matters to us/ the swinishness lies in the race itself.'

ters, tried in every way to encourage and guide him through his illness and uncertainty.

Vienna, 7 July, 1885[11]

Dear Friend:

I am writing to you in the midst of the vexation and misery of a morning in the Admitting Office, and I am full of the disgust which one acquires in this house [a]. I spoke with Königstein yesterday who told me about a conversation with Mauthner [b] that was very funny. He asked M whether he might lecture in his department, because M's appointment can be taken for certain. Upon that M: 'I don't dream of turning my clinic into a *Judenschul* [c]. No assistant of mine should be a Jew. I won't have any Jewish second assistants either. The Jews don't know anything, they don't understand anything, they should leave this altogether alone. If I take a Jewish assistant and say something to him some day when I am in a bad mood, he will up and leave, whereas a Gentile would have seen to it that everything is smoothed out again', etc., etc.

This was naturally said without any reference to you. You may also deduce from this what can be booked as M's tendency to bluster and to his mischievousness—without malice—but you will retain sufficient reasons to form an unfavorable judgment of your own prospects.

That you should come home now does not seem very sensible to me. You get into bad situations too easily in Vienna and you have not anything to come back for. Stay away as long as you can. Even if you don't accomplish much there, it is still more than you would do here. And when you are ready, go confidently to America. You will be pleased with this advice.

I did not write you because I did not know what to write. I had run out of ideas and there was nothing better to do than to let the world take its course. Now I still don't know why you never gave me news of yourself for, of course, I am here at your service.

[11] Notes: a. General Hospital.
b. Ludwig Mauthner (1840-1894), first, professor at Innsbruck and then chief of ophthalmology at the *Wiener allgemeine Poliklinik*. He was of Jewish descent.
c. Derogatory expression for synagogue.

My traveling plans are to go from here to Hamburg on September 1st and to Paris on October 1st. Couldn't we meet? There is a slight chance that I might accompany Fleischl [d] to St. Gilgen [e].

I send you my warmest greetings and wait to hear from you.

Your

Dr. Sigm. Freud

Vienna, 14 August, 1885[12]

Dear Friend:

What could you possibly wish to do during these months other than to recuperate like everyone else in beautiful country, good air, and to ride, to climb mountains, and to do anything that will help you to get well?

By the middle of September you could really go to the *Naturforscher Versammlung* [a] in Strassburg. In the first place you are sufficiently human to enjoy the attention you will attract, and secondly there may be a market in which someone would buy you. If you cannot find a post quickly you may have to return to Berlin. I don't know of any better place if you don't want to go to America straight away. You know very well that as long as you have not transformed yourself thoroughly you dare not hope to get on better than before in Vienna. They will forgive you your bluntness but not your irritability.

If you stay in Teplitz I hope to meet you on September 1st (details to follow) at the station of Aussig. But you will have to ride with me for several stops if we hope to get anything out of it.

You will be glad to hear that Rosanes [b] almost certainly has been appointed Surgical Director of a new hospital in Neulerchenfeld [c]. We are so surprised that we can scarcely grasp the good news and only fear that in the 8 days before the final decision something may interfere.

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d. Ernst von Fleischl-Marxow, teacher and friend of Freud, ill at the time.

e. On the lake of St. Wolfgang in the Austrian Alps.

12 Notes: a. International Meeting of Natural Scientists.

b. I. Rosanes, Chief Physician of the Erzherzogin Stefanspital, intimate friend of Freud and Koller.

c. Wilhelminen Spital in an outer district of Vienna.

Time is heavy on my hands, another 16 days, and what miserable times; my thoughts are somewhere else, I feel physically unwell, even pains, and intellectual bankruptcy, this I hope only temporarily. You will have to put up with someone complaining to you. It is too depressing if only you do the complaining. I send you my heartiest greetings and look forward to hearing from you soon.

Your Dr. Sigm. Freud

My father went to that medical meeting in Strassburg, and I believe it was there that he was 'bought in the market', as Freud put it, and became assistant at the *Nederlandsche Gasthuis voor Ooglijder* in Utrecht, presided over by the renowned physiologist, Donders, and his equally famous son-in-law, Snellen, the ophthalmologist. There he worked from 1885 until 1887, busy, fruitful years in the field he loved with associates and superiors whom he could respect and admire. Among his close friends was Professor Willem Einthoven, a man whose genius was combined with the most noble, loving spirit. Years later, when my father introduced his old friend from Utrecht to a meeting in this country, he described how Professor Donders had selected young Einthoven for the chair of Physiology in Leyden when he was only twenty-one or twenty-two and not yet through with his medical examinations, and how Einthoven accepted this immense honor, his heart heavy with conscientious doubts.

A few more letters from Freud help to outline the little I know of the years until my father left the Old World for the New.

Paris, 1 January, 1886[13]

Dear Friend:

I was sitting lonely in my room and translated Charcot, and then pondered over the problems of nerve pathology, but now in spite of the late hour I shall drink to your health and to the success of your work. It is now about a year since I first knew

[13] Notes: See p. 356.

that you were somebody worth while. For the great discoveries are always made by great discoverers. But after our last meeting, I had, as you rightly guessed, given you up, such a pitiful impression did you make upon me. Well, I don't understand it and am not giving out that I understand it, but I rejoice wholeheartedly that matters are going well with you. It cannot all be the result of your improved circumstances, there must also be something spontaneous besides, isn't that so? You will have to give me some credit, little use as I was to you (if I could have been of use, you would have heard from me). Wasn't it my advice that you should look around for a position and, with this in mind, of course, visit the *Naturforscher Versammlung*? Concede this small merit to me, just as with cocaine. I can be all the more happy about it then.

Of your discoveries I understand little, but what I do impresses me immensely. Now that Snellen [a] and Donders [b] confirm your opinions, my own point of view can be a matter of indifference to you, but I have always given you credit for the ability to 'take lots of pains' and being able to start a subject all over again.

The *'travailler sans raisonner'* belongs to me and not Lustgarten. I found it in Voltaire and had my Martha embroider it for me as a wall plaque. This priority I will not concede. As we are in the midst of complaints and reproaches, let me express my irritation that you wanted to take revenge upon Reuss [c] without including me. Haven't I always shared everything with you loyally? This frivolous tone is best suited to our present situation. I really should prefer not to predict in earnest, since I do not understand anything about your illness. If you are in a traveling mood, why not undertake a short visit to Paris? If anyone at all, Charcot will be able to give you advice. He is an extraordinary man of unbiased ingenuity and rich experience.

You shall only hear from me when you write. I shall be here

[13] Notes: a. Herman Snellen (1834-1908). Dutch ophthalmologist. Koller was his assistant in Utrecht, 1885-1887.

b. Frans Cornelis Donders (1818-1889). Dutch ophthalmologist and physiologist. Introduced use of prismatic and cylindrical lenses for glasses. Associated with his son-in-law, Professor Snellen.

c. Professor M. von Reuss, Director of the eye clinic of the General Hospital, who permitted Koller to test cocaine upon the diseased eye in the first weeks of the discovery.

for another two months: Rue le Goff, Hôtel Brésil. Keep on writing to me without expecting too much. In my soul there slumbers a project—to look up Dr. Metzger in Amsterdam—if he is worth it and will accept me. Do you know anything about him?

If you should sink into low spirits again—I really think you are cyclic—I do believe that your improved mental efficiency as well as your improved situation will protect you from the low miseries of the last two months. But perhaps you have conquered it for a long period. With warmest greetings I thank you for the pleasure you have thought to give me with your letters.

Happy New Year
Your faithful friend
Sigm. Freud

Vienna, 13 October, 1886[14]

Dear Friend:

With the greatest pleasure I see from your letter what a warm interest you take in me, and I conclude further that a gratifying change has taken place in you since I saw you last at the peak of your illness which, now that I am riper in experience, I can with certainty diagnose as neurasthenia.

I hope to hear more of you immediately, not about sufferings overcome but about present efforts and achievements, and for this reason I yield to the temptation of giving you news exclusively about myself. As a bridegroom one is spoiled for a while into assuming that one is interesting and lovable to others. You are right in thinking that Paris meant the beginning of a new existence for me. I found Charcot there, a teacher such as I had always imagined. I learned to observe clinically as much as I am able to and I brought back with me a lot of information. I only committed the folly of not having enough money to last for more than five months.

On the way back from Paris (to pass over a four-week stay in Berlin which I really spent translating Charcot's new lectures) I settled here rather desperately in rented rooms with service while my small fortune dwindled away rapidly. However, it went better with me than I expected. I shall not analyze

[14] Notes: See p. 358.

whether this was due to Breuer's help, or to Charcot's name, or because I was a novelty. In three and a half months I earned 1100 fl. and said to myself that I could marry if matters continued to improve. A set of circumstances then hastened my marriage; the fact that I could not keep my rooms any longer, my call up to Olmütz for a tour of military duty from August 10th to September 10th, certain family matters, etc.—in short I went from my discharge to Wandsbek [a] and on September 14th was at last granted my long-cherished wish. Then after a short stay on the Baltic I traveled with interruptions to Vienna; arrived here on September 29th and by October 4th we were already able to announce the start of the practice. My little wife, helped by her dowry and wedding presents, has created a charming home which, however, looks too modest for the noble and splendid rooms of Master Schmidt [b].

Only one thing is not going at all in accordance with our wishes; namely, my practice. It is a new beginning and a much more difficult one than the first. But perhaps we shall experience something better soon.

You will see from the reprints mailed at the same time that I have remained loyal to brain anatomy and have entered into close relations with the Russian [c] whom you brought to my attention. I don't work at home, however, and thank you therefore very much for the microtome you mean to send me. If you want to give me something I need urgently, let it be a perimeter [d], since as a clinician I depend more than anything else on the study of hysteria and one cannot publish anything nowadays without a perimeter.

Now in our next letter we shall leave the person of the undersigned to one side and hear what Dr. Koller is doing.

My wife sends her warmest greetings.

Your Sigm. Freud

14 Notes: a. Wandsbek near Hamburg, where Freud's fiancée lived.

b. Stadtbaumeister F. V. Schmidt, the architect of the Sühnhaus, built on the site of the burned-down Ringtheater, in which Freud's first flat was located.

c. Liverii Osipovich Darkshevich (1858-1925), Russian neurologist with whom Freud was acquainted and whom he met again in Paris. They published a neurohistological paper (*15*, p. 205).

d. An instrument for measuring the field of vision.

Vienna, 1 January, 1887[15]

Dear Friend:

After a long wait to see whether your beautiful but silent present would be followed by a letter, I am using New Year's Day to thank you very much and to tell you how much pleasure the perimeter (just the thing I wanted) [a] gave me, as well as the charming picture you gave to my little wife. I shall tell you further in short what there is to say about us; namely, very little. Quiet happiness, as far as social life allows, unsatisfactory wretched practice, continued research in brain anatomy and in the clinical study of hysteria, without a trace of help from the higher-ups. Let's hope that I shall come through in both respects, practice and research, without the aid of these higher-ups. You know how matters stand in Vienna. There is nothing but good news to report of our friends. Lustgarten increases in scientific quality and social status—but that he should put on great airs and become more and more blasé is not what I would wish for him; Rosanes is just as distinguished but shows more sense of humor; Schnabel ridicules them both. Breuer's children are growing up charmingly; he himself is as always much harassed, open to every new idea, kind, and high-minded.

Soon you will get a trifle [b] from me, a lecture I gave to the *Gesellschaft der Ärzte* [c]. I thank you for your last paper which I naturally did not understand when I tried to read it. However, I am happy to think what clinical schooling and association with men of good will must have made of you. Otherwise, all I know about you is that you are planning to change Utrecht for Paris for the sake of cuisine (?), and I do not think you would overstep your duty if you would follow up your last amiable but altruistic letter with a more subjective one.

*Prosit* New Year and best wishes from my wife.

Your Dr. Sigm. Freud

[15] Notes: a. Parenthetic phrase written in English in the original.

b. *Beobachtungen einer hochgradigen Hemianästhesie bei einem hysterischen Manne.* (Observations of a Pronounced Hemianesthesia in an Hysterical Male.) *Wiener Mediz. Wochenschrift,* XXXVI, 1886.

c. Medical Association.

In March 1887 there was a fleeting visit to Vienna, and from his friends Lustgarten, Rosanes, Widder, and Freud came notes arranging for a reunion at the latter's house. The next letter in the series was dated six months later and seems to be an answer, and a decided one, to my father's request for advice on a future plan.

Vienna, 13 September, 1887

Dear Friend:

You were so kind as to ask for my opinion in regard to a new project for your future. I am flattered but I am giving this to you filled with the sense of the difficulty of offering advice on the question where you should set up practice. Brünn seems an unfortunate idea—a sow's nest, snobbish Jews, the leaders of whom troop to Mauthner and will continue to troop there for a long time to come; and an anti-Semitic gentile population; no intellectual life and all the gossip of a proper provincial town; an ophthalmologist, Plenk, who I believe is in charge of a ward at the hospital, and beside him a colleague in your own specialty, R. A. Schmeichler; conditions as unfavorable as possible to be associated with; just as Widder's predecessor Ignatz Kohn told me. Kohn to be sure is no honeytongue to get along with, but you are not either.

The whole idea does not appeal to me at all and does not seem to be worthy of further investigation. In order to succeed you need the many facets of a big city and its opportunities. If you are in a provincial town and could not get on with a handful of people, you might just as well pack up and leave. Better not go there at all. Your name and your capabilities entitle you to live in a big place. Go to Paris or London and don't get discouraged if at the start there is a slack period in your career. You would also succeed in Holland if you stayed there. Believe me, the choice of place is not important unless you chose one like Brünn where every chance of a future is cut off. I don't know if you have any other reason for being dissatisfied. If you want to stay in Holland, marry a Dutch girl. By the way, tomorrow is my wedding anniversary. I have never regretted it. Matters will never be right with you until you have your own wife and home.

My wife is awaiting her accouchement in 3-5 weeks. I send you my warmest greeting and hope to hear from you soon.

Your faithful

Sigm. Freud

Still undecided about his future, my father nevertheless left Holland and spent several months in London. It was not easy to make the final decision to leave the Old World, and the compass needle wavered before it set the course. For a brief moment he toyed with the idea of sailing as a ship's doctor to Borneo, since distant lands, the wilderness, and its animal life had always attracted him. A letter written to me in 1940, when he was eighty-two, shows that even shortly before he sailed he was still uncertain.

It was 1904. We were at Geneva and M and I went swimming every morning at the Île de Rousseau, where the Rhone issues from Lake Geneva. That place was the most beautiful blue-green water in the whole world. Afterward we went to the Rifflehorn above Zermatt where you have the Matterhorn before you so that you can grasp it. Amongst the guests was also Professor Michel, one of the major lights of ophthalmology, one of those not very numerous, upper-class, affected Germans. He walked with an affected hysterical limp.

This was my second meeting with Michel. My first was in 1888 when I was about to go to America. It was in Würzburg, where there was before Hitler one of the best German universities. I called on Kölliker, who was the first anatomist and embryologist of Germany and all over. He was 70 then and just packing up to go *auf die Gemsen Jagd*. He asked me what I was doing and I answered that I was going to America to practice opthalmology. He was very much astonished and said, *'Ich habe geglaubt, dass Sie Professor der Embryologie in Wien sind* [I thought you were Professor of Embryology in Vienna]'. Then hearing of my perplexities, he said, *'Gehen Sie nicht nach Amerika, ich werde Ihnen eine Assistent-Stelle beim Michel verschaffen, dann ist Ihre Laufbahn gesichert* [Don't go to America, I will get you an assistantship to Michel, and then your career is assured]'. He sent me to Michel's clinic to get ac-

quainted with him. I went and stayed two days and then returned to Kölliker and told him that I did not like Michel. In retrospect I am touched by the kindness and gentleness of that great man. And so I went to London, stayed three or four months, mostly in the company of Eric Nordenson, and then into the wilderness out of which America was just emerging.

In the end, however, it was a friend in England, Dr. Arthur Ewing, who finally persuaded him to choose America, and in May 1888 he set sail for New York on the S. S. Saale, a ship still equipped with sails.

Separated by an ocean that in those days was very wide, and by time and divergent careers, the correspondence between Freud and my father dwindled. Some time in 1895 a sharp exchange of letters took place over a ridiculous, imagined slight to a female relative of Freud to whom my parents had offered help and hospitality. I think the correspondence stopped at this point. In 1926, however, on one of his trips to Europe my father called upon Freud in Vienna but, alas, he was away at the time and those two old colleagues were never to see each other again.

The next years in the new land were very busy ones: marriage, a family, and establishing the practice which became very large and consumed all his energies.

My father learned to love dearly this new land to which he came—the city of New York, that Baghdad-on-the-Subway with its small O. Henryish, daily adventures; the trout streams of Montana and Colorado (he was an expert dry-fly fisherman); the Western mountain ranges with their aquamarine glacial lakes into which, to my astonishment, he loved to plunge; the virgin forests of Maine where we used to summer. 'Mt. Katahdin is without exception the most beautiful mountain that I have ever seen', he wrote, 'violet in color, sharply defined in the clear Maine air. Did you ever read the description of it by Thoreau?'

Back of the little inn in the wilderness which we reached by buckboard over bumpy corduroy roads flowed a swift, clear stream over sand and yellow pebbles. I can still see my father instructing my brother in mathematics, a shotgun leaning

against the window lest some ducks come winging up that Lazy Tom River.

Of course when he came to this country his work was very well known, but after 1884 he wrote little more on the subject of cocaine. Experimentation had proceeded, as I have already shown, with such speed and in so many directions that the sequence of events was lost sight of. My father was not aware of this until about thirty-five years had elapsed, when more and more frequently misstatements began to appear, almost entirely in the lay press and often coupled with the work of his old friend, Sigmund Freud. Though he had no wish to see his name before the public, my father was surprised on such occasions to see it omitted from the mention of his work, or to have that work so often incorrectly described. It was bewildering to him, I think, to have the facts which had been so widely known and documented in a veritable deluge of print when they occurred, misrepresented so often as the years went by. It is for this reason that I am trying to offer the small slice of truth which it is my privilege to possess. Small as that slice is, it is borne in upon me how difficult it is to know the truth and, when it is known, to impart the knowledge of it, so that one must be amazed that so much in the world is correctly known rather than that there are so many mistakes. I hope my father is right in what he taught us, that what is false is out of harmony with things as they are and must at last be discovered. *'Die Sonne kommt doch an den Tag.'*[16]

In 1934 in a letter (to which I have previously referred) to his old friend, Dr. Chauncey Leake, who had requested some further information for a meeting in which my father's work was to be honored, my father wrote: 'At the time of my first publication there was no doubt, nor could there be any, that this was the first step in local anesthesia, and a flood of publications in the medical and public press of the world at that time shows it clearly and is accessible of proof. Not only had I asked my friend Jellinek to use the anesthetic in the larynx and nose but,

[16] Nothing can keep the sun from rising.

in consequence of the first publication, it was quickly taken up by many others in different fields. In surgery it was first successfully tried by Professor Anton Woelfler, at that time assistant to the famous surgeon Billroth, and only subsequently taken up and developed as Infiltration Anesthesia by Schleich. The historical sequence which was quite clear in the beginning was lost sight of and blurred in the great flood of publications that followed; and so it was said in some of them that I had adapted the use of the new anesthetic to its use in ophthalmology, and in others no mention of my name was made at all, etc.'

This state of affairs was further underlined by a letter which my father received in 1939 from his old friend and colleague, Dr. Carl Hamburger, in which he speaks with admiration of Dr. August Bier, one of the foremost surgeons of Berlin, who himself had done important work with anesthesia and, undaunted by the Nazi anti-Semitic philosophy, had dared to speak out about the scientific contributions of Jewish doctors.

'Bier', said Dr. Hamburger, 'occupied himself with medical history and with philosophy and in the beginning of 1938 published a book *(3)* wherein, speaking of historical errors in general and anesthesia in particular, he remarked:

' "Let us see how reliable this particular history is. I select as an instructive example the different opinions which exist about it [anesthesia]. To whom does credit belong for the so valuable practical use of local anesthesia in surgery? Listen as follows to the naked truth that anyone can easily verify. A workable local anesthesia has been known only since 1884 (Koller, Heidelberg, 1884). Only after Koller was this discovery used on all other mucous membranes. It was understandable that general surgery also made use of this glorious remedy." ' Then follows a detailed account of the discovery as already related elsewhere in this paper. ' "These are the historic facts. What, however, does the contemporary history of medicine or even general opinion make of these obvious facts? Let them show me one book of the history of medicine in which the service to medicine of Dr. Koller is worthily pointed out in accordance with its im-

portance. In vain one searches for him under his name in *Der Grosse Brockhaus.*

' "Who of the general public knows anything of the discoverer of local anesthesia, Koller, and his follower (in general surgery), the modest Braun? The former has even among doctors been completely forgotten."

'It is very important to be able to point out', Dr. Hamburger commented, 'that even in the seventh year of the Nazi regime, the foremost surgeon of Germany wrote: "None other than the (Jewish) Doctor Koller has contributed the immense service of local anesthesia. What followed were only modifications." '

Silence had settled down over my father's name in Europe, it is true, and for long years he did not notice or pay any attention to the fact. Every now and then, however, it came to men's minds that there was still living in their midst a man who had made an enormous impact on medicine.

He had been voted an honorary member of the American Physiological and Pharmacological Society, the *Gesellschaft der Ärzte* in Vienna, the *Academia Reale Medica di Roma,* Italy, and the Society of Physicians, Budapest, Hungary. At a Congress in Oxford before he sailed to America, my father had met the ophthalmologist, Dr. Lucien Howe, who, among other important accomplishments, founded a research laboratory for ophthalmological work at Harvard in 1926. He had been present at what Mrs. Howe had called 'that historic meeting in Vienna'. It was due to the efforts of Dr. Howe that the gold medal of the American Ophthalmological Society was created and the first one presented to my father in 1922.

In 1927 a scroll of recognition was presented to him by the International Anesthesia Society. In 1928 the University of Heidelberg, as a result of agitation by doctors and professors such as Ludwig Cohn, Axenfeld, and others who were disturbed by the lack of recognition, and upon the initiative of his old friend, Professor Fabritius, presented to him the Kussmaul medal in commemoration of the discovery which was first announced in that city.

In January 1930 a gold medal of honor, the first of its kind to be given by the New York Academy of Medicine, was presented to him. In 1934 the American Academy of Ophthalmology and Otolaryngology presented him with another gold medal of honor on the occasion of the fiftieth anniversary of his discovery.

Thus, fifty years after his discovery, unsought recognition came in a sort of awakening from all over the world. Letters and telegrams poured in from all sides, and it seemed as though this would finally reestablish the facts in men's minds. A long article which was a tribute to this discovery *(13)* revealed to me some hitherto unknown facts. It described how my father was allowed to depart from Vienna, having tangled, I gather, with some to me unknown professor or professors at the University. 'Shamefacedly one must admit that Koller has been shown the greatest ingratitude. *Er wurde totgeschwiegen.*'[17]

In November 1934 there appeared a long article, the reprint of a paper by Professor J. Meller (assistant to my father's lifelong friend, Ernst Fuchs), in honor of my father's discovery *(30)*. It was in the shadow of the approaching storm, with his old enemies no doubt enfeebled or dead, that Vienna at last honored his work.

In 1934, also, my father wrote to me:

> If you look back of the scenes you see more than from in front. I got a letter from Nordenson (Sweden), who Mother says is the best-looking man she ever met, in which he tells me that he asked Wagenmann, the President of The Heidelberg Ophthalmological Society, to publish a *Festschrift* with my *Vorläufige Mitteilung* [preliminary communication]. But Wagenmann, who is a good friend of mine, had to say it was too late now. Nordenson is naïve or he would have known that the Nazis would not like it. But Wagenmann promised and kept his promise to mention the anniversary in his *Eröffnungsrede* [opening speech]. The next best thing Nordenson could do was to ask Arnold Knapp [the son of Herman Knapp, who first translated my father's paper] to reprint the communication in

[17] He was done to death by a conspiracy of silence.

the issue of the Archives of Ophthalmology, which he did as he had no need to fear the Nazis (37).

Before me lie the letters of Nordenson and Wagenmann and the proceedings of the meeting at Heidelberg—an amazing document. Dr. Wagenmann, who had begun his career at Göttingen under the ophthalmologist, Thomas Leber (another old friend whose letters, too, were here), had indeed mentioned the discovery in an extraordinary paper at an extraordinary time. From a historical point of view I think it is interesting.

The chairman, Professor Wagenmann, opened the fiftieth meeting of the German Ophthalmological Society with a ringing endorsement of Hitler. But under a bower of flowery prose it became apparent that he had had to bow to government pressure and promise that the constitution of the Society would be changed so that any chairman or delegate must be confirmed by the Ministry of the Interior. And he added that the government's recent emphasis on the study of race hygiene and hereditary diseases must give a new direction to the society's scientific research, which in its particular field must concern itself with hereditary blindness and malformations. Then proceeding to recount the history of the Ophthalmological Society studded with glorious scientific names—Helmholtz, Arlt, Leber, von Graefe, Donders, Axenfeld, and many others—he abandoned his political double talk, described the true ideals of the Society, and dedicated the remainder of his paper to honoring the Jewish doctor.

'Our society was the first scientific society dedicated to the therapy of the eye, and the first one in Germany dedicated to one branch of medicine. . . . Today we must think gratefully of one other scientific feat that took place fifty years ago at the sixteenth meeting of our society here in Heidelberg. At the first session on September 15, 1884, there was announced for the first time Koller's Preliminary Communication on local anesthesia of the eye. The fact, already known, that the alkaloid rendered the mucous membrane of the mouth and throat numb,

suggested to Koller, at that time in Vienna, that he should test its effect on the eye. . . . Koller, through the introduction of cocaine in the field of ophthalmology, became the discoverer of local anesthesia. We can be proud that the very important fact of local anesthesia grew out of ophthalmology, and that it was here in Heidelberg that the first communication, which was to be of the greatest significance to ophthalmology, took place. The ophthalmologists today no longer can conceive what a blessed effect the introduction of cocaine had for doctors as well as patients. Through this, Koller became the benefactor of mankind, and we all have reason to think of him with gratitude and to give expression to our sincere appreciation. Koller became a member of this society in 1888 and has always been true to it' *(36)*.

My father had indeed been privileged to live in an age of medical awakening almost like a renaissance, to be a discoverer, and to build a life in a new land, highly respected and honored. His long life was spent in the busy and demanding practice of ophthalmology; but he never allowed himself to be closed in by the narrow walls of surgery or of specialization, for he still practiced in the old tradition of the whole man.

But I have always felt that in his heart there was a certain sadness, a feeling that in a way he had missed his calling. His was the mind of a research scientist, and his daring intuitive knowledge and thorough education equipped him for such a career. But pure research is well-nigh impossible for a devoted practicing physician; each way of life is a completely absorbing and jealous mistress. I have always thought that he regretted not having used to best advantage those special gifts with which he was endowed.

My father's mind was unusually clear and incisive until the day he died. I cannot think of any subject within the realm of human knowledge that did not interest him: physics, geography, mountain climbing, astronomy (he once went to Europe primarily to see the first planetarium at Jena), polar expeditions, history, and travel. He dreamed of Tibet, Spitzbergen,

Tanganyika, and Alaska until the very end of his life, 'but where do I get the time from, and eighty in seven weeks?', and so on and on.

His taste in literature was discriminating and elastic. He read constantly on every imaginable subject, poetry and prose, much of it in French, for that language had always attracted him. His humor could be delightful, whimsical, ironic, or sarcastic with a terrible bite as it fastened on its mark. His choice of words was colorful and had the poet's descriptive precision. The work of which he was proudest and which gave him his most undiluted pleasure was not the discovery of local anesthesia in surgery, but his fundamental research, when he was twenty-two, upon the mesoderm of the chick. I think that his outstanding characteristic, the one which is most often spoken of by those who knew him, was his integrity. Sham and pretense were intolerable to him.

In his obituary in the Archives of Ophthalmology, Dr. S. Bloom wrote: 'He was not a calm person, nor had he ever any hesitation about expressing criticism of himself or others if he discovered error. Like all scientifically minded people he despised insincerity in medical practice and often jibed at it. To all with whom he came in contact he was a stimulating personality, always speculating about the unknown and unsolved problems in all lines of endeavor. Friends, colleagues, and patients sensed in him a real person, true, reliable, fearless . . .' *(4)*.

Over my desk hangs his favorite quotation from Ecclesiastes (IX, 11-12) which my father had typed. I think its broad sweep solaced him—for individual sadness is lost here in the common fate of mankind. It is the old man's submission to that fate which the young man had found so terrible.

'I returned and saw under the sun, that the race is not to the swift nor the battle to the strong, neither yet bread to the wise nor yet riches to men of understanding, nor yet favor to men of skill; but time and chance happeneth to them all.'

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# FETISHISM IN CHILDREN

BY MELITTA SPERLING, M.D. (NEW YORK)

Some children display an exaggerated attachment to an article of clothing (usually not their own), or to a piece of bedding such as a pillow or blanket, or to some other inanimate object not particularly suitable as a child's plaything. The child must possess and use this article in certain situations, especially before going to sleep or when alone or in a strange environment. Even the presence of mother will not comfort some of these children unless this fetish is available when they need it. It is startling and puzzling to see an inanimate and seemingly valueless object preferred by the child to his mother. Mothers are usually embarrassed by this behavior and try to conceal it from outsiders and to minimize the degree of the child's attachment to the fetish.

In 1927, Friedjung *(7)*, a psychoanalytically oriented Viennese pediatrician, published a short but very interesting observation of such fetishistic behavior in a sixteen-month-old boy. He had chanced to find the mother's used stocking or lingerie in the child's bed and was given significant information about the child's behavior, not by the mother, but by the grandmother and the maid.

In 1930, Lorand *(13)* reported on a four-year-old boy with shoe fetishism. Corroborating Freud's concept of the fetish as representing the 'illusory' phallus of the mother, Lorand gave some description of the child's environment. His parents were exhibitionistic and the boy had unusually strong scoptophilia. He had slept with his mother until the age of three and still shared her bedroom and frequently her bed. He liked to climb all over her body, under her and other women's skirts, and often while sitting on his mother's lap, even in the presence

From the State University of New York, Downstate Medical Center, Division of Psychoanalytic Education.

of others, would reach for her breasts. Lorand discussed the very obvious castration anxiety of this boy, but made only casual mention of the attitude of his mother, who permitted this behavior but interfered with her son's attempts at masturbation even when he tried to conceal it. The boy had begun to curb this behavior, according to Lorand, under the influence of his superego. I believe his mother must have begun to restrict some of the previously uninhibited instinctual gratification. Lorand also refers to the mother's great interest in shoes, which may have played a role in the boy's choice of fetish.

Articles on fetishism in children are scarce, yet the condition is not rare. But even marked fetishistic inclinations in a child hardly ever cause parents to seek professional help *(15)*. Two cases referred to me primarily for their fetishistic behavior come to mind in this connection.

The pediatrician of a four-year-old boy insisted upon consultation because of the child's unusual behavior, which the parents apparently tolerated. The child's fetish was his mother's panties which had to be saturated thoroughly with his urine. He would go to sleep only if his face was buried in the fetish. During the day he liked to hold the fetish to his face and smell it. A seven-year-old boy used to lie face down on a certain spot in the living room, moving his body rhythmically and at the same time plucking wool from the carpet. This he did regularly before bedtime but also at other times during the day. Although this behavior was disturbing to his mother, neither she nor the mother of the four-year-old boy accepted my and their doctors' advice that the children receive treatment.

Both Friedjung *(7)* and Wulff *(24)* discovered the fetishism by chance, confirming my own observation that parents often tacitly sanction this and other deviate sexual behavior and do not welcome outside intervention. Wulff, reviewing his own and Friedjung's cases, together with that of a twenty-month-old girl reported by Editha Sterba *(20)*, concluded that these phenomena are pathological and are closely related to fetish-

ism in the adult. Wulff discusses Freud's *(5)* concept of the fetish as a substitute for the missing penis of the mother (a position Freud also held in the case of the sixteen-month-old boy whom Friedjung had discussed with him) but concludes, 'The abnormal manifestations in the young child in the precœdipal period are in their psychological structure nothing other than a simple reaction-formation to an inhibited or ungratified instinctual impulse, in which the inhibition or the forbidding of gratification comes from the external world'. He draws attention to the significance of the fetish as a substitute for the mother's body in part or in whole, and discusses the relation of the fetish to sucking, to food, and to weaning. He states that 'in the young child the fetish represents a substitute for the mother's body and in particular for the mother's breast'. He adds, '. . . fetishistic manifestations in the young child are not at all uncommon, but the psychological structure of childhood fetishism, as of other pathological manifestations, is a different one' from that found in adult fetishism.

Wulff believes that study of the development of childhood fetishism could throw light on its probable connection with adult fetishism. He demonstrates convincingly the relation of the fetish to nursing and weaning, its oral origin, and its connection with eating and sucking. He points to the fact that only a specific property of the fetish is valued and gives a specific kind of gratification. If the fetish loses this property, it loses its value as a fetish. In other words it is not the object as a whole that is valued, and there is no emotional tie to the object itself but only to a specific quality such as texture or smell. He believes that, during the anal-sadistic phase, the fetish becomes a possession important as a whole object, valued not for only a single specific property. During the phallic phase, according to Wulff, the fetish becomes identified with the penis, and castration anxiety is carried over to the fetish.

In 1953, Winnicott *(23)* described the 'transitional object' as 'an object that becomes vitally important to the child, even more important than the mother, an almost inseparable part

of the child'. He is correct in saying that some mothers 'allow an infant special toys and expect them to become addicted to these toys' and that children use these toys in defense against anxiety. However, he considers these phenomena universal and part of 'normal' emotional development. He objects to use 'of the word fetish, [by which] Wulff has taken back to infancy something that belongs in ordinary theory to the sexual perversions'. It seems to me that Winnicott has created much confusion by referring to these phenomena and these objects as transitional. I believe they are pathological manifestations of a specific disturbance in object relationship. Winnicott's concepts are not only fallacious but dangerous, because they lead to erroneous assessment of the meaning and function of fetishistic childhood phenomena and childhood fetishism.

Why should a child become so addicted to an intrinsically valueless article that it becomes more important to him than his mother? And why should a mother expect her child to become so attached to a toy as to feel that he cannot do without it? Winnicott correctly emphasized that these mothers are very careful of this object, taking it traveling with the child. Can it be that the mother has something to do with this behavior of her child, that she wants him to form such an attachment to an inanimate object, and in some way indicates this to him? It is fallacious to draw conclusions from observation of the behavior of the child and the manifest attitude of the mother without knowledge of the unconscious motivations of the mother, which can be obtained only by psychoanalytic study. Without such knowledge, certain behavior of the child either remains unintelligible or may be incorrectly interpreted. Even psychoanalysis of the child himself may give only incomplete understanding of the interplay between mother and child without psychoanalytic study of the mother; I have found deviate sexual behavior in children to require concomitant psychoanalysis if adequate understanding and therapeutic results are to be achieved *(15)*.

I have studied the onset and course of fetishistic behavior in

a two-year-old boy, Martin, during three years of analysis of his mother. The case is of particular interest because his older brother, Leo, exhibited transvestite behavior. The analysis of the mother revealed that she had had different feelings for her two sons from their births. In her older son, who became very closely attached to her, she encouraged feminine behavior from the beginning. He exhibited all the traits she disliked in herself, particularly shyness. He was afraid to speak up, was withdrawn, and acted 'funny'. 'Even though he had a penis', she said, 'he was no better than a girl'. In fact she thought him worse than a girl because he was clinging and fearful. With Martin she determined from the start to let him be a boy and independent of her. She even thought that Leo's penis looked different from Martin's, which was 'a real male penis'. Martin was a poor sleeper so his mother slept with him, not with her husband. Martin loved buttons; he liked to put one into his mouth to suck. This began in the following way: Martin liked to sit on his mother's lap and play with the buttons of her blouse and fondle her. One day his mother, deciding to stop this play, gave him a button which Martin immediately put into his mouth and appropriated as a fetish. When it was lost, he became unhappy and would accept as a substitute only a button given to him by his mother. Her analysis revealed that she had not really accepted weaning. She was still in the habit of sucking on her teeth and gums, especially when she felt frustrated. She was consciously determined to wean Martin and to separate herself from him but she was unable to do so. The button represented to her the nipple, the breast, and a substitute for herself; by it she continued her 'oral' relationship with Martin. When she understood this, his attachment to buttons weakened (it had lasted about six months).

He then developed an attachment to a blanket for several reasons. His mother now understood the meaning of the button; moreover, she was concerned that he might swallow it. (This concern she had had before, but it did not prevent her from giving him buttons.) What seemed decisive was the fact

that her analysis made her aware of her part in Martin's sleep disturbance and of her use of it as a rationalization for sleeping with him. When she decided to separate herself from him at night, she offered him a blanket as substitute for herself. The special blanket she bought for him then became his second fetish. Martin clearly treated the blanket as his mother intended he should. He took possession of it, became inseparable from it, and dragged it with him about the house, often between his legs as if he were riding it. He liked to pick at the seams (it was a cotton-filled quilt), to pull the cotton out, to smell it, and to make little heaps. Martin was now at the height of the anal phase and approaching the phallic stage. By the time he was four years old, there were decisive changes in his mother's feelings and attitudes, and her unconscious needs interfered with him less. She became able to let his father, who had been conspicuously absent from the picture, play a part in the children's lives. In her analysis she liked to minimize the significance of the blanket, but she was very careful to take it wherever they went.

One day when Martin was four and a half, the family went on a trip to the country. Almost halfway, the mother remembered that she had forgotten the blanket. She wanted to turn back but Martin discouraged her. He was now hiding the blanket in a closet during the day when his friends came to play with him and used it only at night to sleep with. The mother reminded him to take the blanket when he went to camp for the first time (he was just five years old). She worried that he might not sleep, but Martin refused because the boys would laugh at him. His attitude pleased her but she later confirmed her need to hold on to him by means of the blanket. She told me that when she saw Martin touching a velvet ribbon as though he liked the feeling of the velvet, she thought of offering him the ribbon instead of the more obvious blanket but she thought better of it. She kept his blanket while he was at camp and when he returned he used it for a short time, then discarded it. Her analysis ended then, but she reports that

Martin, now ten years old, has shown no fetishistic behavior and his development seems to have progressed satisfactorily.

This case is interesting for three principal reasons:

1. It bears out Wulff's concepts concerning the origin and development of childhood fetishism. Martin's first fetish, the button, was no doubt of oral origin, representing the nipple or breast, the mother, or part of her. His second fetish, the blanket, had anal and also phallic meaning. It came to represent the whole mother as a possession and deflected anal-erotic and anal-sadistic impulses from her and from himself to the fetish. In this connection, his behavior during toilet training is of interest. For a long time he refused the toilet and defecated in a corner of his room or in his pants. When he was left in care of others he used the toilet. After his mother's very strongly repressed anal-erotic needs were exposed in her analysis, Martin gave up soiling and the blanket became his new fetish. Progress in the mother's analysis caused the fetish, in a way not wholly clear, to lose its significance for the child during the phallic phase and finally to be given up.

2. This case demonstrates clearly the role of the mother in the genesis of fetishistic behavior and in the choice of fetish. This mother had an unconscious need for the type of relation with her child that seems conducive to fetishism. Unconsciously she resisted separation from her child and renunciation of the gratifications of bodily contact with him during his oral and anal phases. But she could not permit this relationship to be manifest because she had felt 'exposed' by the behavior of her older son, for which she held herself responsible. The relation could, however, be established through the fetish which she introduced and which represented herself in part (oral) or as a whole (anal). The fetish must be something concrete and real. Aside from its symbolic meanings, it offers real gratification to such specific components of the oral, anal, and phallic instincts as looking, touching, and smelling.

It also permits deflection of destructive sadistic impulses from the original object, mother, and from the self, to the fetish.

The child can do with the fetish what he would like to do, but may not, with his mother's or his own body. The fetish must be replaceable. This is an important differentiation between fetishistic and autoerotic activity. When the fetish is a part of the child's own body, it is a replaceable part, usually the hair or nails. In both autoerotism and fetishism the fantasy of omnipotent control is a supreme factor, but use of the fetish is a sign that the child has not given up the external object represented by it and insists upon gratification in reality, even though this is only a substitute gratification.

It seems to me that the need for a fetish has something to do with the reality of the child's experiences. In the lives of these children there has been real seduction and actual overstimulation of these component instincts in the relationship with the parents, especially with the mother. Lorand's case of the little shoe fetishist and the cases of Stevenson *(21)* come to mind. (Stevenson collected her cases in support of Winnicott's thesis of the normality of fetishistic behavior in children, which he terms 'transitional phenomena'; yet the pathology in these cases is blatantly obvious, as is Stevenson's inexperience with the subject of fetishism, an inexperience she herself admits.) The reality or unreality of the experience plays an important part in determining whether development leads to perversion or to neurosis. The pervert seeks gratification in reality, whereas the neurotic accepts gratification in fantasy or symptoms. The fetish has the double function of making it possible for mother and child to separate in reality by magically undoing this separation. Thus the fetish enables both mother and child to maintain a façade of normality. Gratifications not obtainable from the mother are gained from the fetish. Formation of a fetish interferes with the processes of internalization and with development of the ego, and especially with development of the superego, which arises from internalized parental attitudes *(9, 14, 15, 19)*. There is incomplete introjection of the parental images because of persistence of part-object relationship and deflection of unmodified sexual and aggressive impulses to the

fetish. In this connection, it is interesting to compare children with a fetish to those with imaginary companions *(18)*. When there is an imaginary companion, the sexual and aggressive impulses have undergone modifications and are not deflected from the parents to a lifeless object. The imaginary companion, which like the fetish is a defense against separation anxiety, is endowed by the child with a personality even if it is an inanimate object.

Study of the disturbances in object relationships in childhood fetishism and their effects upon the formation of the superego in childhood might contribute greatly to our understanding of certain phenomena in perversion, addiction, and acting out, and might enhance our treatment of such patients. I have in mind particularly the corruptibility of the superego, the instability and unreliability in object relationship, the insistence upon immediate gratification, and the resistance to change in mode of gratification. In the analyses of two adult fetishists I found that they had strong tendencies to alcoholism, gambling, and other impulsive and destructive acting out, especially when they were struggling with their fetishistic urges.

3. This case demonstrates that the childhood fetish is an early indication of a specific disturbance in object relationship. If the child before the age of two becomes attached to an inanimate object in this way, we should be aware that he has not accepted weaning but has instead replaced the nipple, breast, or mother with the fetish. The mother's own unresolved conflict about weaning will interfere with her ability to help her child accomplish this essential task. When this happens, some mothers may knowingly or unknowingly encourage the adoption of a fetish by their children. Martin's mother did this. A specific fixation in object relationship is thus established; it affects development during the anal, phallic, and œdipal phases and influences regression in later life. This fixation is to a part-object, to specific parts of the mother's body, or to specific qualities of these parts. In essence this means that through the fetish, part-object relationship can be maintained and im-

mediate, unmodified instinctual gratification can be achieved. I have expressed the opinion *(17)* that certain sleep disturbances in children (especially during the first two years of life) are also an early indication of disturbance in object relationship, even in the absence of other manifestations. It is of interest that such sleep disturbances are frequently found in association with fetishistic behavior; the fetish serves to allay separation anxiety by providing the child with certain essential qualities of the missed object, or represents the missed object as a whole. When children beyond the third year of life still need a bottle, even if it is empty, at nap or bedtime, it indicates a problem in weaning. Certain bedtime rituals and sleep disturbances in adults are directly related to this problem. Sleep disturbance was a prominent symptom in two adult fetishists whom I analyzed.

The history of a boy who developed silk stocking fetishism at the age of one and a half convincingly demonstrates the role of his mother in the genesis of this fetish. She dated this attachment to his eighteenth month, when she used to lie down with him on the bed while he drank his bottle. He liked to stroke her legs while taking the bottle and would fall asleep doing so. She decided to absent herself and instead to offer him a silk stocking along with his bottle. Thereafter, Harry always carried the silk stocking with him. She had difficulty taking it away from him to wash it when it became smelly and dirty. When he grew bigger she became more and more embarrassed by his habit and decided, in order to make it less obvious to others, to cut the stocking into strips and offer him one. Harry is now six and a half and always carries a strip of silk stocking in his pocket to school and takes it to bed with him. Watching television, he fingers the strip and sometimes puts it into his pajama leg and rhythmically rubs his scrotal region. This makes his mother feel particularly uncomfortable. The case speaks for itself, showing clearly that the fetish has advantages for her as well as for the child. He can do with the fetish what he cannot do in reality with his mother. Harry can keep the fetish with him the whole night and at all times and thus undo sepa-

ration from mother. The fetish sets the mother free and, as she says, it gives her a feeling of relief to know that the child has the fetish. It is as if she, through the fetish, were still with the child, and he dependent upon her as the instinctually gratifying object.

I agree with Wulff that childhood fetishism resembles fetishism in adults. The child's fetish is but a stage in a process that may or may not lead to adult fetishism. Some adult fetishism is a continuation of fetishistic behavior from childhood, sometimes with the same or very similar fetish, sometimes with a succession of fetishes. There may even be a long period of latency with sudden revival of the fetishistic tendency in certain situations with what may appear to be a new fetish.

This continuation of a fetish from childhood is exemplified by a thirty-two-year-old married woman who sought treatment because of depression, insomnia, and frigidity. Analysis disclosed that she alternated between two fetishes according to the intensity of her anxiety. One fetish was a little pillow which was found to be the direct continuation of a childhood fetish. As a young child she had suffered from severely disturbed sleep and for that reason often slept with her mother. She remembered sometimes actually holding her mother's breasts. Her mother, who slept on European-style bedding, would put the child close to her on a little pillow (*caprice*) on which the child would fall asleep. Her mother later gave her this pillow, which the patient always used and had remade several times. She was still using it at the time of her analysis and would often find herself with this pillow under her arm or under her face. When she was particularly depressed and sleepless, she would have to get out of bed and put on her mother's robe, which she kept in her possession.

In this brief account of the case, mention can be made only of the intense unconscious homosexual tie to her mother and her identification of her own body, particularly her head, with a phallus. She could not bring herself to wear a girdle at certain times, and she had never been able to wear hats. The

pillow originally was a substitute for the mother's breast, but it also represented the mother's body and genitals. The patient's head represented a penis. She came close to transvestite behavior. Wrapped in her mother's robe, she was also enacting the primal scene in which she represented both parents *(16)*.

The inanimate fetish may be given up in some cases without resolving the fetishistic fixation, with the result that the person treats other people as if they were fetishes; he establishes fetishistic object relationships with them. The analyses of two adolescent girls illustrate the particular qualities of fetishistic object relationships. A sixteen-year-old girl still kept her stuffed animals with her in bed as she used to have them in her crib. Her favorite animal was similar to one she remembered from very early childhood. Both had been given to her by her mother. At five, because of recurrent severe upper respiratory infection, she was sent with an elderly woman to live in the country. She took her stuffed kitten with her. She remained there for three years, during which time her parents visited her on weekends and spent the summers with her. She felt lonely and unhappy, and she developed a dominant fantasy which she called her 'pump house' fantasy. There was a little pump house near the place where she lived. In this fantasy she and her stuffed kitten lived in a round pipe without windows and just big enough for her to fit in it with her little kitten on her lap. She found the idea of having been born from her mother's womb repulsive. She would take refuge in her stuffed kitten whenever she was unhappy or disappointed. It was only after many years of psychoanalysis that she was capable of actually loving live kittens and even then when in a rage would feel like smashing them. She had had recurrent nightmares since childhood of people being tortured and mutilated in the most sadistic fashion. Of particular interest was the quality of her object relationships as it began to unfold in analysis. She treated people as fetishes, exactly as she had treated her stuffed animals. She had an inordinate need for physical closeness and cuddling. A certain color and texture of the skin was extremely important

to her. She had an intense need to possess and to control one person at all times and at all costs. If she suffered only the slightest disappointment by this person, she would go into deep depression with self-destructive acting out.

The other adolescent, also sixteen when she began analysis, had been a hair and fur fetishist from the age of three. She would pull her hair and eat it. She liked to pluck the hair of furs, and for this reason was feared by her mother's friends. At nine she suddenly stopped her hair pulling and became extremely concerned with the appearance of her own hair. Analysis revealed that the sudden stopping of the hair pulling had followed her mother's hysterectomy which had particular significance for my patient. Thenceforth, her primary concern was that every hair should stay in place, and she had her hair set weekly. In camp she avoided swimming and outdoor activities for the sake of her hair, and she always wore a little hat outdoors. She had never had any girl friends and was very close to her mother. She was pretty and always exquisitely dressed. She dated older boys although she felt extremely uncomfortable and anxious when on a date. She was interested only in their genitals and had a compulsion to look at their flies. They were not 'people' to her, and she used them for only one purpose: to stimulate her sexually. After going out with a boy, she would catalogue him by name with a brief description and the date. She always took something (a corsage, a napkin, a book of matches) from each boy to put into her file. It must be something concrete, like the hair, which analysis had shown represented her mother's pubic hair and hidden penis, the baby, her father's penis, and her little brother's penis. Her brother was born when she was three years old; it was then that she started to pluck her hair.

Another patient, a forty-year-old woman with severe depression, had in play cut off her hair almost completely following the birth of her brother when she was three and a half years old. Later, after he was burned to death in an automobile accident, she began a fetishistic practice of plucking out her pubic

hair, burning it with a match, smelling it, and then having an orgasm.

The parents of both adolescent girls, particularly those of the second, were seductive and exhibitionistic. Even when she was in analysis, her parents still walked around at home almost nude. She frequently slept with her parents. When she did not feel well, her father would lie down with her on her bed clad only in shorts. She had been allowed the closest contact with her parents' bodies, but her mother had actively interfered with her masturbation. The mother had also kept her from making friends by depreciating other girls. The patient was dressed like a doll and was treated like one: her feelings were not considered. She was used by her parents as a fetish for the gratification of their own needs, and she, in turn, was using other people as fetishes, having a relationship only with parts of the body, not with the whole person.

This brings up the question of fetishistic use of parts of one's own body. Although the hair, like the nails, is replaceable, thus satisfying a main requirement of the fetish, I hesitate to consider hair pulling a true fetishistic activity. In this patient the dynamics were not quite the same as in true fetishism; her sexual and aggressive-destructive impulses had not been deflected from her parents but she had denied the existence of such impulses. The internalized parental images were not benevolent as they appeared in reality but were frustrating and destructive. Aggression was turned against the self in pulling and eating her own hair, among other symptoms. She also had anorexia, and she came for treatment because of pernicious vomiting.

In a recent paper, Buxbaum *(3)* describes the treatment of two girls who pulled out their hair. The parents, particularly the mothers, seem to resemble the ones described by me: exhibitionistic, seductive, narcissistic, and frustrating to the child. It is interesting that Winnicott's concepts seem to have influenced Buxbaum's thinking. She gave gifts to these children (dolls, a stuffed animal, an amulet) with the intention of de-

flecting their impulses from themselves to these articles. Just as Winnicott considers the transitional object a step toward development of true object relationship, Buxbaum seems to attribute the improvement in behavior of these children to the introduction of 'transitional objects' in the form of these gifts. I am sure she will agree that the change in their object relationships was responsible for the change in their behavior, including their attitudes toward the gifts. The change, therefore, resulted from their relation with her as the genuinely interested and understanding therapist. Because of this and also because of the concomitant changes in the attitudes and feelings of their mothers—one mother was in treatment at the same time—these children were able to give up their previous behavior.

What I wish to emphasize here is that it is not the relation with an inanimate object, whether this object is called fetish or, as Winnicott prefers, transitional object, that promotes growth in object relationship. On the contrary, this morbid attachment to an inanimate object is an indication of an arrest in the development of object relationship and fixation to part-object relationship. It is the quality of the relation with his mother that determines how a child treats his objects, animate or inanimate, and whether he needs to cling to an inanimate object, whatever name be given to it. Buxbaum was aware that she was offering these gifts to the children as a substitute for herself. The attitude toward the gift is determined by the relation to the giver and to the true intentions of the giver, which children perceive clearly. This is also reflected in the behavior of children who incessantly ask for gifts only to discard them and never be satisfied; yet a strip of stocking will be treasured, clung to, preferred to any toy, even to the mother herself. Buxbaum and, I presume, also the children's mothers, wanted them to stop this behavior, not merely to displace it onto inanimate objects. These children certainly had toys and inanimate objects which they used destructively before they received therapy, but this had not prevented them from pulling their hair.

In hair pulling, as in fetishistic use of a part or parts of the body, there has already been a displacement from the parts of the body forbidden by mother—the genital and anal areas—to another part of the body rather than to an external inanimate object. The psychodynamics in these cases are more closely related to those in psychotic depressions and psychosomatic disorders.

The need for omnipotent control exercised through the fetish, often shown only in such actions as carrying an amulet or a 'magic' pill, serves to counteract the fear of loss of the part-object, needed not only for instinctual gratification (pleasure) but as a matter of life and death. This explains the panic reactions in childhood fetishism and the acting out of adult fetishists, which can be very destructive *(2, 12)*.

When a mother, as I have shown above, directs her child to a fetish, the child's relation with the mother is split into two: a relation with the real mother and one with the fetish-mother. According to Freud *(6)*, the split in the ego serves to deny castration anxiety. The childhood fetish and the split in the object relations serve to deny the loss of the precœdipal mother; this denial is a defense against loss of the fantasy of omnipotent control, which at this phase of primary narcissism constitutes a threat to life. The fetish clearly serves as a substitute for the precœdipally gratifying mother and shows that a specific fixation in object relations has taken place. This fixation will affect the progressive development of object relations and may lead to the establishment of what I have described as fetishistic object relations. In such a relation, not the person as such but only a part of the body, or only a certain quality of that part, or only a certain gesture or bodily posture, are the compelling features of the object *(4, 10, 11, 22)*.

Let us return to the problem of how a fetish differs from other favorite articles treasured by children. At certain phases in their development, children may form an attachment to some inanimate object which is introduced by the mother for the purpose of gratifying certain specific needs of the child. Pacifiers

or soft stuffed animals are given with the correct expectation that the child will be able to give them up more easily than autoerotic gratifications. Adequate gratification of instinctual needs, by facilitating progress to subsequent phases of development and growth in object relations, enables the child to relinquish the gratifications of the earlier phases. Children at certain stages of their development often show strong preference for a special toy, but, although they may urgently need this toy at times, the need is not so compulsive nor persistent, nor the panic so overwhelming when it is unavailable or lost, as in the case of the fetishistic child. The child may become angry, tearful, and unhappy for some time, but this reaction is different from that of the child who loses a fetish. In psychotic children we sometimes find a clinging to inanimate objects in preference to the mother. But the attitude of the psychotic child toward this object is also different from that of the fetishist. Whereas the fetish is a very specific and highly cathected object, there seems to be little libidinal cathexis to the inanimate object for the psychotic child. Such clinging to a specific inanimate object by a psychotic child should make us suspect that it may be a fetish and that there may be transitions between fetishistic and psychotic behavior. (In the child who has an imaginary companion, the object is usually not a real one; when it is, it is not only libidinized but also endowed with a personality.)

Study of early fetish formation can contribute to our understanding of the role of object relationship in the vicissitudes of instinctual development of the child, particularly in his choice of defenses against separation anxiety. Separation anxiety is especially marked in phases in which real or threatened separation from mother or from part of her occurs: during weaning (when the child loses close contact with mother's body); at the height of the anal phase (when motility and ambivalence are developing and there is conflict over clinging to or letting go of feces, equivalent to mother); and at the œdipal phase (when mother is renounced as the sexually gratifying object). The ego of the young child, supported and directed by the auxiliary

ego of his mother, adopts specific mechanisms for dealing with these anxieties. It is no coincidence that the phases in which the fetish is formed are these three traumatic stages in the life of the child. I have pointed to the close association of early sleep disturbance and fetishistic behavior in children. At night, when regressive tendencies are stronger and actual separation from the object takes place, need for the fetish and fetishistic activity increases. Both express separation anxiety and disturbed object relationship, and both are prevalent during these phases *(17)*.

Freud's concept of the fetish as representing the illusory penis of the mother does not seem to apply fully to childhood fetishism *(5)*. Although these children at an early age have had ample opportunity to see the genitalia of their parents, it seems that separation anxiety due to loss of the preœdipally gratifying mother is of greater importance than castration anxiety. The childhood fetish represents a pathological defense against separation from mother on the preœdipal (oral and anal) levels. The adult fetishist uses a fixed and more or less elaborate disguise—his fetishistic act—*(1, 7, 10, 12)* to obtain at least partial gratification of the original wish; the child, like the adult, by gratifying his wish for possessing mother, represented by the fetish, manages to allay separation anxiety. The child's fetish and the fetish of the adult appear to be different stages of the same process, which may or may not lead to adult fetishism.[1]

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[1] In this connection a paper by Robert Dickes, *Fetishistic Behavior: A Contribution to its Complex Development and Significance*, read at the Psychoanalytic Association of New York on February 19, 1962, is of interest. *Cf.* This QUARTERLY, XXXI, 1962, pp. 446-448. In the treatment of adult patients with fetishistic behavior, he found that the precursors of the fetish go back to childhood. He also was impressed with the role of the parents in fetish formation.

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# INTEGRATIVE ASPECTS OF OBJECT RELATIONSHIPS

BY PETER L. GIOVACCHINI, M.D. (CHICAGO)

Current interest in ego psychology has caused us to examine closely the operation of intra-ego systems, defective functioning of which is said to underlie character disorders or 'borderline' states. Consequently, the operations, development, and maturation of such systems are of increased theoretical and clinical interest.

Studies of the ego have usually included scrutiny of object relations, and the role of the object is pivotal in many concepts. Fairbairn *(5)* regards the object as the most important element in the strivings of the drives and believes that the organism seeks not primarily pleasure but rather an object that can afford gratification. Bowlby *(2)* believes that there are certain innate needs, species specific and necessary for survival of the organism. One of the most important needs is clinging and making contact. Bowlby *(2, 3)* does not believe that the primary goal of the neonate is physiological gratification and does not adhere to the theory of secondary drive, in which the object is seen mainly as a means for securing satisfaction.

Balint *(1)* views the subject clinically and characterizes the attitudes toward objects into two fundamental types, object avoidance and object seeking. In a previous paper *(8)* I have discussed the mutual adaptive qualities of various types of object relationships, emphasizing how the neuroses of two individuals complement one another and concluding that there are striking similarities in the characters of persons involved in long-established mutual object relationships.

Winnicott *(21)*, in his concept of the transitional object, traced the developmental potential of the object and the child's differentiation of the object as a percept. Freud *(7)* wrote of both negative and positive effects of relationship with objects and believed that, although in most cases the object relation

contributes to further development, in some instances it leads to ego depletion and 'cessation of psychic function'. In another paper, Freud *(6)* said that experiences with objects make it possible to lay down memory traces which can be used for thinking and cause the psyche to function more efficiently at both sensory and motor levels. He referred particularly to acquisition of reality testing as a result of transactions with the environment.

It is the purpose of this paper to explore further the psychic structuralization and development effected by experiences with objects. To give the object as central a position as Fairbairn has done may be an artificial separation if the object is considered apart from the experiential situation that promotes ego development. Nevertheless it is true that some patients emphasize the attributes of the object per se and give less attention to the quality of experiences made possible by it.

The character disorders demonstrate how unsatisfactory object relations in early life lead to ego defects which are characterized by specific psychopathology and defenses. These defenses cause the unfolding of the transference neurosis, as it reflects archaic object relations, to have unique and dramatic aspects. By studying the pathological consequences of defective early object relationships, the developmental potential of the object is highlighted.

The transference neurosis, ego development, and defenses of a patient, whose ego defects at times made him appear psychotic, clearly demonstrate the vicissitudes of his object relations. His defenses and the underlying ego defect may be the essence of the character disorders.

The patient, a twenty-six-year-old scientist, is considered by his colleagues to have made brilliant contributions and to have a knack for certain mathematical principles. In spite of his professional achievements, there were long periods during which he was completely unproductive. He sought therapy because he was unsure of his ultimate goals and from time to time had

intolerable anxiety with inability to concentrate, confusion, and all the other symptoms that Erikson *(4)* categorized as 'identity diffusion syndrome'. He believed that these symptoms became noticeable during adolescence, but later recalled that he had had them all his life. They became more intense when he was eighteen. He related that even though he could sustain deep friendships with benign, 'maternal' women he could not become sexually involved.

His mother was committed to a state hospital when he was three years old and died there several years ago. His early life was extremely turbulent and he condemns both parents, although he has no conscious recollection of his childhood relation with his mother except that he recalls with horror his infrequent visits to her, since she was in a regressed, disintegrated state and did not recognize him.

At the age of five, after several foster homes, he lived with a widow who had two sons in high school. He found himself drawn to these boys as ideals. He liked this home and felt that he was treated kindly there, although his feelings about his foster mother were ambivalent. She meant well, he said, but was unable because of ignorance and naïveté to help his anxiety and loneliness.

In hostile, bitter tones he described his father as a man with the intelligence and sophistication to recognize his needs and to give emotional support; he simply had not chosen to do so. Father had 'pulled himself up by his bootstraps', emigrated from another country, and worked hard to get an education at night school. Finally he achieved eminence in applied science; the patient admired his accomplishments but felt a certain disdain for the area in which he was successful. During early childhood he had, he said, an 'intense and unrealistic admiration' for his father, but this was 'catastrophically shattered' when he felt abandoned by being put in a foster home.

He was always able to function in spite of his many difficulties but considered himself 'marginal', especially socially. In school he achieved many honors. The teachers found him bizarre but

put up with him because of his intelligence and scholastic abilities. He never worked hard at his studies but sincerely admired the field of science in which he later specialized. He read avidly about the great men in his field and was finally able to work under some of them. In spite of these successes and the praises of colleagues, he emphasized his chronic anguish, at times believing he was going insane. He had many nightmares in which he was 'falling apart'.

The patient told of a series of incidents in which men whom he initially admired as he did his father turned out to have 'feet of clay'. One reason for seeking therapy was a disappointment in a senior colleague who demanded that the patient collaborate with him on a paper that the patient considered somewhat dishonest in that it distorted data.

Although he had idealized science during his student years, he no longer held it in high esteem. In fact he could now feel deep emotional involvement only in music. He played an instrument, practiced diligently two hours a day, and considered music to be filled with beauty such as science could never hope to approximate. He believed he could never be a great musician but had boundless admiration for those who were.

His therapy began with detailed descriptions of a variety of people. He was extremely bitter about the senior man in his laboratory and frequently behaved in a rebellious, provoking fashion toward him. The senior man occasionally fought back but for the most part showed amused tolerance, ignoring his childish, rebellious antics. Being ignored was, of course, the most painful response he could have received and he became so irritated that he often threatened to quit his job and seek employment elsewhere. His hostile attacks on figures of authority had a somewhat paranoid tinge; he often felt exploited, cheated, robbed of his ideas, and inadequately compensated, financially and academically.

Toward certain men of artistic bent, particularly some musicians, he felt quite otherwise. Several months after analysis began, he happened to see in the street a professional musician

whom he regarded as a hero and believed that the man looked at him with a provocative stare. He spoke of him in the same idyllic and rapturous tones that he had used previously about certain pieces of music; he thought him physically attractive and supposed him to possess esoteric skills and genius in playing the same instrument that the patient himself was attempting to master. He thought this kind of talent 'transcendental in nature and an ideal worth pursuing', although he was certain that he had begun his musical studies too late in life to achieve such great ability.

As his admiration for this man grew to the point of worshiping him as a god, his bitterness toward his immediate superior in the laboratory reached new heights. This professor, he said, had been working on a problem for many years with compulsive meticulousness, was a master technician but devoid of imagination (a quality so necessary for the artist and scientist), and was unable to produce anything of more than mediocre significance. The problem this man had been working on suddenly captured the patient's fancy and in a day's time, in a frenzy of activity, he solved it. Surprisingly, he was only mildly pleased with what he had done. The next day he solved another problem of equal importance and of fundamental significance, especially as it proved by rigorous mathematics that the conclusions reached by his superior after many years of hard work were erroneous.

Immediately after this creative fervor, he lost all interest in science and intensified his preoccupation with the idealized musician. Several dreams indicated his need for an ideal; they showed the dreamer as 'nothing' and the object as omnipotent, grandiose, and godlike. However the same dreams often showed that it was he himself who had such qualities and also that he was afraid he would not be able to control this power which could eventually lead to cosmic destruction.

The patient then began to suppose the musician to be preoccupied with him. At concerts, for instance, he thought he saw the man look at him, whisper to those around him, and

then giggle with them. Finally he believed that the musician parked his car in front of his apartment and made critical but helpful comments as the patient was practicing his instrument.

Unlike the classic paranoid, he was not quite convinced that the voices he heard emanated from outside himself or that the evidence he had gathered for this man's presence conclusively indicated that he was acting as a persecutor. He often described himself as having a vivid imagination and as capable of elaborate fantasies. He had heard voices in the past and had known that these were expressions of his own thoughts and feelings. He tended now to believe that what he experienced was part of external reality, but he was not sure. It became apparent that, unlike the typical paranoid, he did not really feel persecuted. The experience was not only enjoyable, for it brought him attention, but also instructive and educational, for the man was giving him free music lessons and was much concerned with his success.

Rarely were there any oppressive, ominous tones in this episode but rather an air of pleasantness and good humor. Perhaps the most disturbing feature was the patient's preoccupation with the musician's welfare, and obviously what he described about the musician's frailness, pallor, emotional imbalance, and loneliness were the very same qualities he had described in himself when he entered treatment.

Finally the patient tired, as he said, of this situation and his good humor became mixed with annoyance. The voices outside his window became more critical. At first the criticism was friendly but later sarcastic and ridiculing. He wished to rid himself of the whole experience and hoped that he could get the musician to enter psychoanalysis, thereby ending all this nonsense. As the episode subsided the patient recognized more and more that there was no musician outside his window and that he had constructed this character because of his need for an ideal figure. He then became aware of frightening, free-floating, destructive impulses. Walking down the street, for example, he would be seized by an urge to commit murder or rape.

The patient then revealed that he had no intention of publishing his scientific discoveries. He wished to avoid discussion, but it soon became apparent that he saw himself able to destroy his superior, at least in a professional sense, if he were to make his work public. He also believed that he would become famous if he did so and he did not welcome the public attention that a famous person receives; it would interfere with his meditative existence and upset his shy nature.

In the transference he showed a childish dependence mingled with the demeanor of an errant, impish little boy. Often, however, he was genuinely distressed and clung to me for reassurance and succor; yet he was fearful of my disapproval, so that he had to turn around and look at me to determine whether he had succeeded in getting me angry.

His feelings about me were consistently friendly and there was much evidence to indicate that he had made me into an omnipotent, idealized figure. For example, he praised me for being able to do almost everything well and especially for an 'uncanny genius to know what my hidden feelings are'. He carefully avoided hostile, destructive impulses toward me and felt secure in having such a powerful person concerned with his welfare. He was concerned about my welfare, too, reassuring himself that he could not hurt me, being solicitous of my health, and admonishing me to take care of myself. By being friendly he was protected from destructiveness. The patient was able to keep erotic feelings out of his relation to me. His feelings for the musician were, he acknowledged, homosexual. For his superior at work he felt chiefly anger.

He remembered only unsatisfactory early object relations. His mother he recalled only in the hospital, but we may be sure that even at home she had largely failed to supply the nurture and contact that Spitz (*20*) and others have found to be so necessary for survival. It became apparent in analysis that his father had been more supportive to him in early life than he had at first thought. His father had been, even before his mother's hospitalization, a fairly stable and accessible object. Yet the patient lamented that his father later failed him; he

really had wanted a god, benign and omnipotent, who would take care of him and 'allow' him to become great. He assigned this role to me as, in the past, he had idealized outstanding scientists. The musician also had been idealized but was not always benign.

This patient's requirements of the external object were primitive and magical. He somehow hoped to be 'restored', since he saw himself as destructive, hateful, and unlovable. He both hoped his discoveries would bring him abundant fame, showing mankind that he was 'lovable and not vicious and rotten', and feared that the unbridled power he associated with creative endeavor would destroy him or others such as the senior scientist. To counteract his destructive self-image and the ego disintegration that resulted from 'opening the floodgates', he had to find a benign, powerful, idealized object. He sought, not a scientist as he had done when younger, but a musician. In science he was a destructive competitor, and any object found there might share or become subject to his omnipotent destructiveness. Upon his superior he could project his destructiveness.

Musicians, on the contrary, stood for goodness, beauty, love, and warmth. Since he was not interested in a career in music, it offered pleasure without rousing his destructive competitiveness, seeming to provide for him something that brought a sense of well-being, stability, and harmony; it did not abandon and reject him as he felt his parents had.

Identification with the idealized musician (Klein [*13*] would have called this process 'projective identification') enabled him to have relations with other persons without fear of destroying or being destroyed. His relations with the idealized object nurtured and protected a valued part of himself. This was evidenced by the concern he showed for the object and the way he felt the object related to him. It became clear that all his life he had divided objects into two classes. His father was assigned the role of persecutor, whereas numerous other objects became his mentors. (These latter relationships were eroticized and there were homosexual preoccupations.) This man had an

ability to seek objects in the outer world to maintain intrapsychic stability and a sense of identity. A patient may have a realistic relation with objects and at the same time use mechanisms that ignore reality (*9*); as Kris (*14, 15*) stated, this quality seems to be important in the creative process.

The hallucinated object was interesting from several viewpoints. Treatment had penetrated his defenses against hostile impulses, and his scientific discoveries augmented his guilt and fear over the omnipotence of his death wishes. He did not want to direct these feelings toward me because he now felt secure and accepted by me, idealizing me and assigning to me, in a controlled way, omnipotent qualities. To base his relation to me on insatiable and contradictory archaic needs meant to risk destroying the analyst or being rejected and abandoned by him. It was safer to construct an object in fantasy and to divide his ambivalent impulses between this and his superior in the laboratory. His infantile longings for the musician could lead only to bitter frustration if directed against the analyst. The hallucinated object enabled him to remain in treatment.

Nevertheless, this same object was limited in its usefulness, for the ego cannot maintain synthesis and structure wholly by a relation with an object of its own creation. Often the patient spoke of 'pulling myself up by my bootstraps', an expression he had also used in reference to his father. He referred often to mirages, remarking that a man may feel better if he imagines an oasis where he can eat and drink, but since his need is not really satisfied he will eventually starve. His idealization of the musician gradually subsided and the phenomena of the voices ceased; at this time he became more aware of angry feelings which often took an obsessional form.

## DISCUSSION

This case emphasizes the integrative potential of object relationships by demonstrating the pathological consequences of deficiencies in early contacts with objects. The defenses constructed against such deprivations are typical of the character

disorders, a group of enigmatic conditions considered here in line with Gitelson's views *(10)*.

The functional aspects of the object largely determine the structure of the ego and the sense of identity. This patient dealt with objects in a primitive way, splitting them into part-objects, one part idealized, the other debased. This he did in treatment when the transference became disturbing. Object splitting was a defense that overcompensated for his ego defect. When treatment enabled him to direct both love and hate to a single object, his ego was better integrated.

When the infant's needs are met, his homeostasis is re-established; he enters a state of equilibrium marked by absence of tension and a calm, placid demeanor that often leads to sleep. Speculations about the accompanying affective state have to be tentative since there is a tendency to adultomorphize. Presumably he experiences a feeling of satisfaction and comes to recognize the outer world as good. Since this outer world is not yet sharply differentiated from his own self, satisfaction with it is paralleled by satisfaction with the self, and the infant feels worthy, confident, and trusting. We may say that the good object, the mother who is responsible for this happy state of affairs, now becomes internalized and the inner world, like the outer, is viewed as a source of satisfaction; this enables the child to look further in the direction of reality. Jacobson *(12)* has emphasized that the neonate does not initially distinguish between self and object, their images not yet being differentiated. Fantasies of being engulfed and engulfing are therefore regularly found together, whereas later, when the ego conforms to secondary-process thought, the two are incompatible.

Satisfaction of needs does not lead to a static state; the drives undergo developmental changes concomitant with changes in the needs of the organism, which do not remain purely physiological. Satisfaction of physiological needs, however, makes it possible to develop other needs that can be considered to lie on a higher plane. For example, one is more inclined—in fact, one is enabled—to seek gratification from æsthetic and creative

pursuits when the need for food and other physical comforts is satisfied.

Awareness of needs is not necessarily frustrating. To experience a need with confidence that it will be met is pleasurable. What is painful in some character disorders, as was especially emphasized by this patient, is the fact that the patient is not even aware of the existence of needs or lacks energy to want or pursue anything, to have definite goals the achievement of which will give pleasure and heighten self-esteem. Kurt Lewin *(17)* spoke of quasi needs as a replenishment function which must be developed by the organism to maintain homeostatic balance.

Omnipotent expectations of objects may be a central element in the character disorders. A poorly synthesized ego, such as the ego of this patient, may be able to maintain its integrity only while an externalized omnipotent object is available. The paranoid psychotic uses a somewhat different mechanism in that he has internalized all or part of the omnipotent object and his self-image is megalomanic. Like other persons with character disorders, this patient often described himself as 'nothing', 'empty', 'hollow', or 'drained out'. Perhaps such a patient cannot use an overcompensatory megalomania as a defense and become paranoid. (However, my patient was at times somewhat paranoid.) The need for an external supporting object to whom the patient can impute magical omnipotent qualities is a defense resulting from disturbed early object relations. The subjective sensation of nothingness may be inherent in character disorders; it is possibly an element of the character disorder occurring in all persons.

As the infant grows older, the response to internal and external stimuli is increasingly determined by secondary-process thought. In my patient, however, the functional introjects (especially of the mother) required for more sophisticated responses were lacking, and the stimuli continued to evoke primitive responses. The patient required an object for defensive and developmental needs. His inability to feel caused him to

construct an idealized object. Beside counteracting a destructive self-image, he hoped to gain an identity by incorporating the all-powerful object. He was thus attempting to 'feel alive' with 'pleasurable appetite and lust' rather than feeling 'nothing' or 'hateful and despicable'.

A well-established sense of identity requires an ego with good integrative capacity, including perceptual sensitivities and executive systems that can deal with reality to achieve gratification. The quest for identity puts the object in a central position, whereas satisfaction of biological needs does not necessarily require a personal object since it is the food, warmth, or other physical thing that the infant requires and the object is merely a vehicle that can supply it. Bowlby (*2*) does not accept this thesis, but perhaps the distinction between an object and its function has been overstressed. Internalization of the satisfactory object is fundamental for formation of identity. Without such internalization, the executive apparatus in the ego is defective. My patient matured physically, but his physical capacities were not integrated to produce actual ability to perform socially, for this ability must be learned, mainly through transactions with people. He constantly emphasized the fact that he did not know how to do many things, especially how to get along with people; he felt awkward and without social grace. He did not know how to approach a girl sexually. He felt bitter toward his parents and blamed them for never having taught him techniques which he believed to be second nature to others; in fact he remembered no one interested in helping him learn such techniques. During adolescence, when new experiences normally lead to expansion, fusion, and synthesis of past identities and modify them into adult forms, he found 'nothing to build upon' from his early development. He then felt especially confused and, although he got over the acute phase of this disturbance, some symptoms lasted until he entered analysis.

He felt the need to incorporate a giving, nurturing object whose skills he might acquire. Loewald (*18*) points out that

treatment takes place between a person of greater structure and one of lesser structure, and Heimann (*11*) parenthetically remarks that an internalized object can become so far assimilated as part of the self that the patient no longer recognizes its external counterpart; this internalization leads to integration. Freud (*7*) was first to describe the ego as being a precipitate of past identifications and Menaker (*19*) emphasizes the need for an idealized object in certain cases.

The satisfaction of basic biological needs initially occurs before the ego has developed sufficient structure to understand such a sophisticated concept as the personal object. Physiological maturation concurrent with satisfactory experience leads to differentiation and integration of the sensory and motor systems. If the external world does not supply the gratifying experience that leads to learning at a time when the physical apparatus has acquired the ability to master certain skills, a defect occurs which is reflected in the structure of the ego and later in character. Langer (*16*) wrote that if opportunity for learning is not presented when the psychic apparatus is ready for it, later attempts to teach particular skills will have little or no success. She quotes the example of learning to talk and postulates a 'chattering phase' occurring during the first year. If the child has no opportunity to learn to talk then, efforts to teach him language at later times will be of no avail. An inherent biological potential impels the organism to grow. But the psychic apparatus must incorporate a variety of experiences at the proper times so that it may develop skills consonant and synchronous with the physiological maturation. For these acquisitions the personal object is significant.

Gratifying experiences lead to expansion of the perceptual system, which becomes more sensitive to an increasing variety of subtle stimuli. My patient had always, he said, been able to 'hear myself think'. Granted that he had hallucinations, was he also possessed of unusually acute perception, a gift that helped maintain the precarious integrity of his ego and caused him to function moderately well in spite of his character disorder?

Studies of gifted individuals often reveal that their special gift has preserved them from mental illness. The ability to hear one's own thoughts might be indicative of disintegration of the ego in an ungifted person.

Mastery of a task requires a variety of skills, and the more adept a person is in attacking a problem the less energy he requires to reach his goal. A well-trained athlete does not tire and can accomplish feats with minimal expenditure of energy whereas the beginner does a good deal of work and gets little done. The well-integrated ego does not exhaust its supplies in gratifying basic needs if it has at its disposal the proper techniques to satisfy them. Such an ego can turn toward the outer world to pursue additional goals and thus further expand its adaptive capacities. Satisfaction in early object relations brings self-esteem, self-confidence, and high capacity in later life.

## SUMMARY

A patient with character disorder illustrates the damage sustained by the ego in the absence of satisfactory early object relations. The patient compensated for his lack of an object early in life by splitting of the ego and idealization of an external object to maintain synthesis. The ego defect was experienced as emptiness and unawareness of the nature of his own needs, qualities which may be the essence of the character disorders and which arise from lack of satisfactory introjects for synthesis and expansion of perceptual and executive ego systems. The identity sense was likewise disturbed and the patient had to incorporate an omnipotent object to achieve positive cathexis of his self-image as well as to counteract its hateful destructive aspects.

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# BOOK REVIEWS

BASIC ANXIETY. A NEW PSYCHOBIOLOGICAL CONCEPT. By Walter J. Garre, M.D. New York: Philosophical Library, Inc., 1962. 123 pp.

We read in the foreword of this truly amazing book that Freud's famous paragraph about the riddle of neurosis in Inhibition, Symptom, and Anxiety is a 'confession of ultimate failure'. We also read that Elizabeth Zetzel has 'confirmed that psychoanalysis has made no further advance in its quest for an explanation of anxiety'. But now the day has come and we have the final answer not only to the problem of anxiety but also to the riddles of neurosis, psychosis, of most physical illness, alcoholism, addiction, delinquency, and so on.

On the very first page we get a glimpse of how solid the background of the author's categorical statements is: 'Nowhere in the animal kingdom can pregnancy and reproduction take place unless the female is ready to mate with the equally ready male without the slightest hesitation, regret, or reluctance'. Every observer of animals knows that this is just not so.

The animal cub cannot 'conceivably feel the anxiety surrounding the question, "Are my mother and father prepared, if need be, to risk their very life in the protection of mine?" ' (p. 7). However, the human infant is not that fortunate. Because every human being has had to go through the same 'basic anxiety' and because everybody chooses his mate for one of the many pathological reasons resulting from it, there is a basic reluctance in every human to accept childbearing. The poor infant 'has no knowledge of the social or legal agencies that would protect his life' (p. 5). The infant is therefore pervaded by three forms of basic anxiety: 1, the fear that he will actually be destroyed by his mother; 2, that she will not protect him from dangers to the limit of her strength, if necessary; and 3, that he may be abandoned, which is tantamount to death. All these dangers the infant can perceive and in some way discriminate. This leads of course to dire consequences. The first fear results in overstimulation of the sympathetic nervous system, leading eventually to hypertension. It may also, because of 'the stimulating effect of increased oxygen demand on the bone marrow', lead to polycythemia (p. 51). The second type of fear will lead to parasympathetic over-

stimulation, to peptic ulcer, ulcerative colitis, polyuria, dehydration, polyp formation, etc. It may also, because of the 'intimate relationship between the smooth functioning of gastric digestion and blood formation . . . ultimately prove to be of great etiological significance in the various blood dyscrasias and perhaps even in the leukemias' (pp. 22-23). In the third form of basic anxiety 'external irritants might assume an excessive meaning. . . . The infant and later the child and adult, will be oversensitive to these irritants—in other words, allergic' (p. 8). This tentative formulation becomes quite definite on pages 53-54.

Further detailed discussion of this book is scarcely required. The author goes on to explain alcoholism, schizophrenia, psychopathy. He discusses what makes a good psychiatrist and the nature of his own depth of understanding of 'basic anxiety'.

What is the recipe for such an amazing compilation of—to put it mildly—oversimplifications? Perhaps to mix some ingredients of such concepts as Freud's primary traumatic anxiety, Jones's aphanisis, M. Klein's timetable of the development of the psychic apparatus, Bergler's basic neurosis, and add to it an overdose of the overriding single-minded conviction that one has finally discovered *the* answer to all the riddles.

If one is the first to discover *the* truth, one can also dispense with any references whatsoever. Behind all this one guesses, however, that Dr. Garre really feels like 'my brother's keeper', that he may be permeated by a burning, fanatical conviction, and that he might be highly successful in therapy of a certain type of patient.

MAX SCHUR (NEW YORK)

NARRATIVE OF A CHILD ANALYSIS. The Conduct of the Psychoanalysis of Children as Seen in the Treatment of a Ten-Year-Old Boy. By Melanie Klein. New York: Basic Books, Inc., 1961. 496 pp. 73 illus.

Melanie Klein's last work is a remarkable, unique document; a complete account of a child's analysis in which her method is open to evaluation and judgment by the reader. In ninety-three sessions, over a period of four and one-half months, the reader follows the analysis of a ten-year-old boy. At the end of each session are elaborate notes in which Mrs. Klein discusses her theoretical approach.

Mrs. Klein describes the patient, Richard, as a character neurosis with many severe phobic features; a gifted child who could not get along with other children and felt persecuted by them. Too fearful to attend school, he clung to his mother in a persistent and exhausting manner. Although talented and precocious, he was very limited in his interests. He used a facile command of language more to hide feelings than to express them. He was overwhelmed and preoccupied with the war situation (1941), closely following the news and current events.

Richard was the younger of two children. His brother, about eight years older, had been successful in school and was the mother's favorite. The mother inclined toward depression, worried a great deal about Richard, though she resented his dependence on her. The father was described as mild and gentle, but somewhat removed; the older brother as friendly but not much interested in Richard. On the whole, the family life was harmonious. At the outbreak of the war the family had moved to the country, while the older son was sent away to school.

In her Introduction, Mrs. Klein explains carefully the basic rules of analysis to be observed; i.e., the flow of the patient's associations must not be violated and, at the same time, one should make consistent use of transference interpretations, a fact not sufficiently evident in The Psychoanalysis of Children.

It might be of interest to describe some of the sessions in detail. The first session started peacefully. Little toys, pencils, and writing pads were laid out on the table. Richard appeared eager to discuss his problems. He spoke without hesitation about his fear of other children, his hatred of school—and then his worries about the war situation and the monstrous Hitler. Mrs. Klein asked him whether he sometimes worried about his mother. Richard told her that he often was afraid his mother might get hurt by a tramp during the night, but he (Richard) would come to her rescue. He was given an interpretation that the tramp (Hitler) meant his father whose genitals, Richard feared, might hurt the mother at night. Richard seemed frightened and protested against the interpretation, defending his nice father; whereupon he was told that he was splitting the father figure into good and bad. Although the child showed anxiety and surprise and rejected some of the interpretations, he was satisfied and friendly at leave-taking.

When the boy arrived for the second session, he said he remembered something else he often worried about but added that it was very different from the things he had talked about yesterday, altogether far away. He feared there might be a collision between sun and earth, which might result in burning up the earth and in pulverizing Jupiter and other planets. He expressed his concern with the geography of the war situation. Mrs. Klein interpreted that the earth was Mummy, the sun his father; the sun and earth in collision stood for something happening between his parents. Far away meant nearby, in the parents' bedroom. The pulverized planets stood for himself (Jupiter) and Mummy's other children, if they came between the parents. Mrs. Klein suggested further that Richard had hostile feelings toward his parents, who were enjoying themselves, leaving him deserted and lonely. Again the boy was able to accept part of the interpretations. He understood that he was jealous and angry with his parents at times and, therefore, enjoyed annoying them; he also understood his being jealous of his older brother, mother's favorite (and by now a soldier in the army).

A certain pattern developed in the course of the interviews. Richard would begin the session by discussing world events and the war situation, which he followed thoroughly in the newspapers. Mrs. Klein would then interpret everything entirely in terms of the boy's infantile instinctual conflicts. For example, he mentioned Norway, about whose role and strength he was doubtful. Mrs. Klein interpreted that he worried unconsciously about Daddy's genital inside Mummy: that it might be caught there. Richard then remembered an incident at the London Zoo where his cap had been torn off his head by a monkey that he was feeding. Mrs. Klein interpreted that the monkey stood for Richard himself, tearing off his father's genitals. At this session Richard showed signs of anxiety and expressed the desire to end the interview.

We know from Mrs. Klein's theoretical discussions, elaborated in The Psychoanalysis of Children, that she considers reality and real objects as confirmation and refutation of early anxiety. However, it seems extremely lopsided when concern with an unusual, overwhelming reality situation is explained to a boy in his latency period exclusively in terms of his infantile anxieties and problems. Mrs. Klein does not seem concerned about the mounting anxiety and resistance of the child during treatment. Throughout the anal-

ysis there is no distinction made between 'standing for' and 'reminding of' something. Reality is treated as a symbol or as latent dream content. The outside world with its powerful impressions on the child is disregarded; all his reactions to it are interpreted as expressions of his own infantile fantasies.

No allowances were made for the boy's resistance to her interpretation and speed although it seems quite obvious to the reader that when an interpretation was made exclusively in accordance with Mrs. Klein's theoretical conviction or on a level the patient was not ready to accept, he became listless, often left the room to get a 'breath of fresh air' in the yard, asked to go home, or questioned the analyst about her success with other children. To give one of innumerable examples: Richard explored the playroom and said he liked it, and then a question about Mrs. Klein's husband came up. She interpreted that this exploring 'stood for the wish to explore her inside' and 'to find out whether there was a Hitler-penis in it or a good one'. She explained to him the difference between the good penis and the bad penis (the good one inside Mrs. Klein or his mother is the 'Manic Defense' against the bad one).

Although he never mentioned Mrs. Klein's late husband other than in an occasional question, the analyst insisted that Richard was constantly preoccupied with worry whether the bad Hitler-Mr. Klein, like the bad Hitler-Daddy, was inside her to destroy the babies there and make her bad.

A great deal of time was devoted to the boy's drawings and Mrs. Klein's interpretation of them. It is interesting to note that Richard initially drew according to the intellectual level and interest of a ten-year old. He used to carry with him a toy fleet, one of his treasured possessions, and, since he was an English boy preoccupied with the immediate war situation and England's fleet, the theme of his drawings consisted mainly of battleships, destroyers, torpedoes, etc.

After a period of massive interpretations, his drawings become monotonous, frozen, empty. To the unbiased onlooker they all begin to look alike with minute variations. They become clumsy, starlike objects in sections of red, light blue, violet, and black. One gains the impression that the boy had repressed his ability to express himself in drawings and was hiding behind stiff forms on the regressed level of a four-year old. However, Mrs. Klein seemed to disregard the resistance concealed under these meaningless, stiff

forms, and she interpreted them as ingeniously as she explained his drawings of concrete subjects. For example, in one of those star-like colored pictures (No. 30) Mrs. Klein saw the light blue, good Mummy-Queen, the boy-Richard-King, his red genital on top of everything, and father and brother as the babies, expressed in gray and violet sections. The same drawing is repeated about ten times, with slight variations in size and color, and Mrs. Klein continued to discover a tremendous amount of Richard's early fantasies expressed in them.

As reality is given a minimal role, we cannot be too surprised at the exploitation of a scene during one session: Richard had run out into the little garden that lay behind the playroom. He kept running up and down the footpath. Suddenly he asked Mrs. Klein to go back quickly to the room with him; he had seen a wasp. She interpreted that the footpath represented her (Mrs. Klein's) inside and genitals; running up and down and jumping meant sexual intercourse with her; the dangerous wasp stood for the hostile Daddy or brother Paul inside Mummy (or Mrs. Klein's son or Mr. Klein inside Mrs. Klein).

Richard had been described as an artistic child, sensitive to the beauty of nature. One afternoon, analyst and patient were sitting peacefully on the doorsteps and Richard admired the view of the hills. He asked Mrs. Klein whether she would climb one of the higher hills with him.

Mrs. Klein interpreted that Richard's desire to climb the hill with her expressed his wish for grown-up intercourse with her (standing for Mummy), which would not be dangerous and biting, but loving. Through this 'good' sexual intercourse he also wished to repair all the damage done to Mummy, first of all to her breasts. Before going back to the house Richard tried to find out whether the side door could be left ajar, so that when he arrived earlier than Mrs. Klein he could go into the playroom and would not have to wait in the street for her. Mrs. Klein interpreted this request as his desire to have access always to his mother's breasts, and thus avoid frustration and destruction of Mummy's breasts and body. This interlude in the garden which precipitated such massive interpretations had not lasted more than fifteen minutes.

One must ask the crucial question, why did the boy improve during the period of four and one-half months of stormy treatment?

He did improve decidedly. He became much less paranoid, was able to relate to children his own age and to attend school, became less clinging to his mother, and widened the scope of his interests in general.

He was cured to a considerable degree in an analysis in which basic rules were violated; i.e., interpretations were given on the deepest level, derived from the analyst's own associations; the repressed unconscious was not made conscious to the ego, but directly approached. Mrs. Klein's abundant theories were forced upon the boy. He was taught that he not only divided his mother into the good and bad one, as any child would do in his fantasies, but that there was a good and a bad breast; he was taught to see reality as a symbol or a latent dream. Resistance was disregarded or treated very lightly.

I believe what happened to the boy and enabled him to benefit from the analysis was, in a way, similar to the reader's experiences. After a good deal of rebellion against stereotyped interpretations, one becomes callous and indifferent to them, especially as they lacked the element of spontaneity and surprise. One reacts only to the valid and correct interpretations. And indeed, there were always sound, important ones in every session.

The mechanism which, in real life, had formed Richard's neurosis and had restricted his emotional development sheltered him from the bombardment of Mrs. Klein's repetitive interpretations. He simply picked out those he could accept. He learned to understand his jealousy of his brother who functioned so much better than he. He experienced his powerless aggression and his ambivalence toward the people he loved. He was enlightened about sex. His desires and guilt about his œdipus wishes were articulated, and a great deal of his projection, which was expressed in paranoid features, was understood.

The saving merit of this child's analysis was the immediate natural contact with Mrs. Klein and the excellent positive transference and countertransference throughout the treatment. Richard's confidence in Mrs. Klein was never shaken. He never felt that she criticized or disapproved of him as his family so frequently did. He was never let down by Mrs. Klein and he felt her determination to help him. She remained genuinely kind, interested, and always even-tempered. The boy felt loved and safe with her.

The reader—as witness to the analysis—observes an atmosphere of warmth, calm, and infinite patience. One feels at home in the playroom which Richard himself sometimes called 'the cozy little house in a garden'.

In summary, Narrative of a Child Analysis is a unique and honest document of Melanie Klein's work, her technique, and her applied theories. It is baffling, however, how Mrs. Klein used her own technique with the conviction that it was consistent with that of Freud. One valuable, positive result in studying the book is its constant reminder to examine deep layers of conflicts and fantasies rather than succumb to the temptation to remain on a comfortable level on which a child often seems satisfied.

YELA LOWENFELD (NEW YORK)

THE ŒDIPUS COMPLEX. CROSS-CULTURAL EVIDENCE. By William N. Stephens. New York: The Free Press of Glencoe, Inc., 1962. 273 pp.

The anthropological insights of Géza Róheim are acknowledged by Stephens. But it is questionable whether the author's attentuated freudianism is preferable to antifreudianism. The general hypothesis, or series of hypotheses, is: 'Young boys—at least under optimal conditions—become sexually attracted to their mothers. This generates lasting sexual fears and avoidances. These fears are (at least in one instance) mediated by unconscious fantasies.' It should be noted that 'optimal conditions' are equated with those 'factors that make the mother more seductive—primarily the long postpartum sex taboo'; whereas 'in one instance' refers to the manifestations of castration anxiety reflected in menstrual taboos.

This investigation of the œdipus complex is documented by correlational evidence from numerous primitive cultures. In Stephens' words, 'The probability is high that this hypothesis . . . is approximately valid'. The author's definition of the œdipus complex 'has a very limited meaning—limited by what can be tested and measured here, and what can't be'. Unfortunately, he does not concern himself with the rivalry felt by the son toward the father, nor with the female œdipus complex, nor with those negative aspects of the œdipus complex by which the child (or adult) identifies himself with the parent of the opposite sex.

Stephens is entitled to define the œdipus complex as he chooses. The definition is, of course, necessitated by the limitations of statistical method. Unlike the correlation between castration anxiety and menstrual taboos, the statistical validation of the œdipus complex in some or all of its ramifications is a more difficult task. If the concept of the œdipus complex has any psychological or anthropological value, it is because it *is a complex* and not merely a measurable piece of psychic lumber. As this reviewer understands the œdipus complex, it is overt and covert, dynamic and genetic, unconscious and preconscious, idiosyncratic and culturally patterned.

Although the author is not hostile to psychoanalysis, he has contributed nothing to freudian theory or anthropological method. Nor is it clear that a correlational study can aspire to make such a contribution. At any rate, Stephens' style, fluctuating between the journalistic and the academic, ultimately requires eight appendices which could more profitably have been incorporated in the book or deleted. The indices are so incomplete as to be worthless, and the ethnographic and general bibliographies are grossly inadequate.

S. H. POSINSKY (NEW YORK)

PSYCHOTHERAPY WITH SCHIZOPHRENICS. A REAPPRAISAL. Edited by Joseph G. Dawson, Ph.D.; Herbert K. Stone, Ph.D.; and Nicholas P. Dellis, Ph.D. Baton Rouge: Louisiana State University Press, 1961. 156 pp.

The six papers and discussions comprising this book represent in part a 1958 symposium at Southeast Louisiana Hospital held for the purpose of assessing progress in the treatment of schizophrenia since a previous symposium at Yale University in 1951. Each paper is independent; no synthesis of viewpoints is attempted.

Carl R. Rogers presents the hypothesis that schizophrenia is not qualitatively different from neurosis. His zeal leads him with somewhat strained logic to suggest that the schizophrenic patient be given the same type of therapy as the neurotic. The therapist, he says, must be 'congruent', have 'empathic understanding', 'be unconditionally acceptant', and be able to communicate these feelings to the patient. He places no trust in understanding the patient's past experiences, but relies on the 'existential encounter'.

Russell R. Monroe believes, in the light of what he calls 'mounting neurophysiologic and biochemical evidence, that a significant portion . . . are suffering from a disease in the usual medical sense and not basically . . . a disturbed "way of life" '. Psychotherapy is for him a useful therapeutic adjunct mostly to reach primary symptoms in learning, and for modifying pathological behavior which drugs cannot remove. While drugs help him to maintain contact, he notes wistfully that he is not so adept as such dramatic therapists as Rosen, Schwing, Sechehaye, or Fromm-Reichmann.

Eugene G. Brody, writing from the point of view of a drive-reduction re-enforcement learning theorist, undertakes to explain what schizophrenics learn and how they learn it. His exposition is strictly theoretical and he offers the reader no techniques to facilitate this learning, implying that the only requirements are a therapeutic milieu, a therapist, and a patient, with the therapist 'willing to make himself available to be used by the patient'.

While Brody views the patient's main task as one of learning to see the particular (the individual therapist) instead of the general (the class: fathers), Albert E. Scheflen notes the opposite, the patient's need to learn how to abandon the concrete attitude (seeing only this apple) and how to symbolize (letting the particular apple represent breast, love).

Scheflen presents a technique of psychotherapy through what he claims is the deliberate fostering of introjection, a process he believes to be present in all therapies. He clarifies his terms by defining incorporation as the literal, physical act of taking external substance into the body, introjection as its psychological counterpart, and identification as the use of behavioral responses modeled after remembered images. The latter two are unconscious. *Inter alia* he criticizes the practice of therapists who speak of a patient's getting 'filled up', saying that the practice results from a confused mechanistic analogy between incorporation and introjection which disregards the fact that affects are not conveyed through space as substance. The therapist does not 'give love'. He provides a model for introjection and identification.

Scheflen's sophisticated, rigorously ordered method consists of establishing a favorable relationship, interpreting resistances to it, offering oneself as a paradigm for identification, and working toward differentiation and the reconstruction of other object relations.

Scheflen's concept of relationship provides for 'nurturance control and self-actualization', resembling, he says, Rosen's 'governing principle'. In interpreting resistances, he also follows Rosen's lead by alternately agreeing and disagreeing with the patient's rejections of interpretations. He handles resistances by supplying supportive reassurance to the patient with fears of oral incorporation, of loss of identity and symbiotic entrapment, of death and disloyalty to the original parent, of disillusionment with the new introject, of what effect the new introject may have on sex and aggression.

As a paradigm for identification, Scheflen presents himself as a person with feelings who needs gratification and enjoys it. Despite the fact that psychoanalysis aims to sever identifications, Scheflen feels that, for the schizophrenic patient hampered by poor ego functioning, introjection is still the most suitable level of learning and identification is the goal.

He presents his method more as a 'dimension of therapy' than as a 'prescription', suggesting that the techniques 'may really operate by means of some other effect'. In this spirit this reviewer would suggest that what is taking place may indeed be different from the way Scheflen sees it and more in keeping with the formulations of traditional psychoanalysis. Using infantile learning as a paradigm for schizophrenic learning, we understand the patient as starting therapy much as the infant starts life in a state of undifferentiated oneness or cosmic union with his feeder. This primary identification is a process which cannot be said to need fostering. It simply exists waiting to be exploited but its antecedent condition is the patient's feeling of protection and safety. The presence of this primitive identification process is made manifest when the patient shows his confusion between self and therapist, when he uses such terms of relief as 'oh heavenly', 'you're wonderful'. At this stage of learning, Lewin's oral triad is in effect and identification is with the safe host. As ego adaptive behavior begins through separation and frustration and the aggressive seeking for the loved object, the patient to regain his lost object, imitates the therapist, but this is only a magic gesture such as Piaget's infant uses when he flails the air to express his desire to move a swinging toy before he learns to direct the adult's hand to swing it, which knowledge precedes his learning that he can swing it himself. These stages of magic gestures and of manipulating the therapist are manifest in therapy too.

Through repeated cycles of reunions and separations, of magic gesture imitations and independent enterprise, the patient acquires an identity of his own, a realistic understanding of himself as an agent of causality. What Scheflen calls 'identification' bears a close resemblance to the stage of imitation and magic gesture.

Robert Roessler states that the therapist's attitude or 'posture' is what he believes enables the ambivalent patient to endure closeness or distance without fear of being incorporated or destroyed. In this 'posture' the therapist must be 'congruent', 'autonomous', 'experience the patient's turmoil without disrupting his own identity'. Roessler assigns little importance to the cognitive aspects of therapy. He thinks interpretation only serves to communicate the therapist's feelings. He believes it is possible to 'change in the direction of health . . . without being able to define intellectually how' this change occurs because, says he, that is 'how a child grows'.

The major voice opposing the attitudinal therapists is that of Thomas P. Malone who describes a technique which employs two therapists simultaneously. Its aim is to 'double-bind' the patient in a manner similar to the way his parents may have done except that working-through in therapy permits a more constructive outcome. Malone also avoids sameness which, he says, the schizophrenic patient both provokes and dreads much as he may have dreaded his rigid, compulsive mother. With schizophrenic patients, Malone takes the initiative, allows for physical contact, finds that therapy with them is interminable but not reciprocal, and calls them 'masters at undoing'. He tries to convert symbolic relationships into social relationships by injecting himself into their awareness by every possible technique, by provoking rebellion, personalizing aggression, challenging their grandiosity. His aim is to transpose an intrapersonal catastrophe into an interpersonal struggle so that the father's pathogenic influence as well as the mother's can be emended.

Lacking from this random sampling of viewpoints is any unifying theory. The editors missed an opportunity to show how a Malone type of therapy, which cannot be explained by any drive-reduction re-enforcement theory, can perhaps be understood by newer ideas in learning theory, those dealing with the re-enforcement value of hope, of effort, and of uncertain, delayed, and insufficient rewards.

HELEN G. FIRST (PHILADELPHIA)

CONTEMPORARY EUROPEAN PSYCHIATRY. Edited by Leopold Bellak, M.D. New York: Grove Press, Inc., 1961. 372 pp.

In preparing this book, the editor selected contributions from the seven countries which seemed to him to represent most typically circumscribed schools of European psychiatric thought. However, the nine authors give the impression that there is no such thing as a school of psychiatric thought within the confines of any European national border. In each country there is more than one school of thought which often originated elsewhere (the Soviet Union is an exception) and is influential throughout Europe. Schools of psychiatric thought such as Bleuler's cannot be identified with particular nations. Yet countries differ in their 'tastes' in psychiatry. Existential analysis, which originated in Switzerland with Binswanger, is predominant in Germany, influential in France, and almost nonexistent in England. Aubrey Lewis, author of the section on Great Britain, suggests that this is due to a kind of conservatism and scientific scepticism in the English character, but this thesis is not altogether convincing.

This reviewer found the comparatively brief introduction by far the most interesting and thought-provoking section. Using a sociological approach, it attempts to reconcile and integrate the mass of data contributed by the various authors. One is impressed by the fact that while practically every trend of psychiatric thought originated in Europe, most basic research is being done in the United States. Consequently, psychiatric practice and teaching in every European country, except the Soviet Union, show clear signs of a decisive and increasing influence from the United States. Various international meetings and the sending of trainees to the United States support this trend. (A countercurrent also exists but is distinctly less important.) Perhaps the most important export of American psychiatry is the emphasis on individual psychodynamic psychotherapy and other psychoanalytically-oriented approaches such as 'milieu therapy' and 'total approach'. The trend which is most decisively influencing European psychiatry today is based on psychoanalytic theory, but the current organicist approach has not gone unnoticed. Bailey's Academic Lecture to the American Psychiatric Association in 1956 had a surprising impact on traditional and 'official' European psychiatric circles. However, American and European psychiatry remain different from each other; European psychiatry is

more concerned with the institutional treatment of psychoses than with the ambulatory treatment of psychoneuroses and other disorders. Another paramount difference is the sophistication of research methodology in the United States.

French psychiatry tends strongly to empiricism and eclecticism in therapeutic method—perhaps a legacy from Esquirol. For example, Jean Delay, professor at the University of Paris and possibly the most influential man in contemporary French psychiatry, accepts a wide range of viewpoints and holds to them with the moderate enthusiasm typical of the eclectic. In France organized psychiatry is still closely related to neurology. Only the Universities of Paris and Strasbourg have separate departments of psychiatry and neurology. However, in recent years the purely descriptive and semeiological aspects of psychiatry have lost ground. Recently, the trend is toward the study of the neuroses, unconscious mechanisms, and psychodynamics—a result of the influence of psychoanalysis, although relatively independent from the psychoanalytic movement. In general, European classicists or traditionalists are reluctant to admit the influence of psychoanalysis. Pichot, author of the section on France, without ever referring to psychoanalysis or the unconscious, states that 'modern research seeks to penetrate the depths of the patient's universe', a euphemism for the idea that modern psychiatry is interested in the patient's unconscious.

In German psychiatry, genetic research is important, as are the extensive investigations of constitutional and personality types—a fact that reminds us of the emphasis on racism and so-called 'race hygiene'. Much effort has gone into the attempt to establish a somatic basis for the major psychiatric illnesses, but it has been largely unsuccessful. Existential psychiatry, more prominent in Germany than elsewhere, provides a remarkable contrast to this trend. Also current are 'functional analytic psychiatry' (Zucker, Schneider, Jaspers) and gestalt theory (Weizsäcker). Psychoanalytic theory appears to be less important in Germany than in any other European country, except the Soviet Union. This does not necessarily apply to Austrian psychiatry, which might better have been reported in a separate chapter. The main pioneering approaches of Austrian psychiatry are the biological approach of Wagner von Jauregg, the psychoanalytic theory of Freud, the neuropathological view of Pötzl, and the psychological work of Schilder.

The National Health Service Act in Great Britain has not only

made psychiatric services generally available to an unprecedented degree but actually encourages psychiatric research. Psychiatry in England received a decided impetus from the many outstanding German psychiatrists who sought refuge there. A strong and steady influence from the United States is also felt. Psychoanalysis, although less influential than in America, is more prominent in England than in any other European country. It is divided into two schools, Melanie Klein's and the more classically freudian or 'orthodox' group of Edward Glover, Anna Freud, and others.

Italian psychiatry is strongly organicist by tradition; the psychological point of view, particularly psychoanalysis, has gained acceptance only with great difficulty and to a very limited extent.

Scandinavian psychiatry has much in common with that in Germany. This is offset to some extent by considerable influence from the United States (thanks to Rockefeller and Fulbright grants). The Scandinavians lean toward the constitutional and genetic points of view, however, and tend to regard their American colleagues as somewhat naïve in this respect.

Pavlov's physiological, experimental, and theoretical work has given Soviet psychiatry its main orientation. His physiological principles are the basis for theoretical concepts as well as practical methods in psychiatry. Prolonged narcosis, a widely used method, is based on Pavlov's concept of 'protective inhibition'. Since physiological and biochemical orientation is strong in Soviet psychiatry, research findings in these areas tend to be readily applied to therapeutic procedures; but from the data presented it is difficult to assess the over-all results. Another striking feature of Soviet psychiatry is the strong emphasis on infectious factors in the etiology of psychiatric syndromes. It is generally maintained that a large proportion of psychoses, and many neuroses, are of infectious origin. For instance, 'infantilism' and other forms of developmental retardation are usually attributed to such toxic factors as childhood dysentery.

The greatest pioneering work in the psychological study of the psychoses was done in Switzerland at Burghölzli by Bleuler and Jung. Swiss psychiatry, particularly in Zurich, has maintained a psychopathological point of view to a larger extent than European psychiatry in general. Psychoanalysis is more unreservedly accepted in Switzerland than in most European countries. But in the Uni-

versity of Geneva Psychiatric Hospital a much more organic orientation and greater French influence prevail.

This book will undoubtedly be useful to those who want to know how psychiatry is practiced in a particular European country, but there is too much detail for a work of general interest. European psychiatry as a whole is not shown in historical perspective. Although each chapter contains a section on history, it is chiefly concerned with describing the status of psychiatry and prevalent psychiatric currents in practice, training, and research in each country. Of interest are sections on forensic psychiatry and child psychiatry, as well as appendices containing statistical data.

ALFREDO NAMNUM (MEXICO CITY)

CREATIVITY AND INTELLIGENCE. EXPLORATIONS WITH GIFTED STUDENTS. By Jacob W. Getzels and Philip W. Jackson. New York: John Wiley & Sons, Inc., 1962. 293 pp.

This book reports a comparative study of selected groups of adolescent students who fit into certain arbitrary categories defined by the authors. The study originates from the University of Chicago where both authors are professors of educational psychology. Their predominant interest in pedagogical problems is apparent throughout the report and undoubtedly colors and determines the handling of a great deal of the interesting data.

The study is predicated on the thesis that 'creativity' and 'intelligence' as measured by the IQ metric procedures are not necessarily mutually inclusive in a given individual. This leads the investigators to search for students who fulfil the criteria for being 'highly intelligent', according to IQ metric and academic achievement standards without being unusually 'creative', in order to compare their characteristics with another group who are 'highly creative' without being exceptionally 'intelligent'. A concomitant study using the same method compares two groups of subjects from the same school environment who are described as 'highly moral' on the one hand and 'highly adjusted' on the other. The notion of a special gift for morality and principled behavior and another for social adjustment is a novel suggestion that should be noted in passing.

The subjects of the study come from a select secondary school in a large urban community. These students are well above the com-

munity norm both intellectually and in their cultural backgrounds. Psychometric procedures, special questionnaires, and individual interviews are utilized and the data are treated statistically. From a clinical viewpoint there are no surprise findings as far as the emotional and characterological features of the groups are concerned.

The study seems to have been well conceived and carefully executed. It should be of considerable interest especially to educators and social psychologists. The occasional polemical undercurrent which makes a special plea for the understanding and educational assimilation of the nonconforming 'creative' child can easily be forgiven. Where a stand is taken on theoretical issues the authors reveal a firm grasp of general formulations and of the conflicting approaches to the subject including the psychoanalytic one. They are impressed with Kris's concept of 'controlled regression' and the role of preconscious processes in the creative process and suggest a supplementary alternative in Schachtel's theory of 'perceptual modes'. The discussion of these viewpoints as if they were antithetical overlooks Greenacre's emphasis on 'collective alternatives' and the unusual receptivity to external stimuli on the part of creatively gifted individuals. The present authors, however, are not alone in a general tendency among academic psychologists to overlook the psychoanalysts' interest in problems of perception and the contributions that psychoanalytic investigators have made to this subject.

Of special interest to the whole problem of the psychology of creativity is the study's implicit and inevitable involvement in the ambiguities of circular reasoning. In his Psychoanalytic Explorations in Art, Kris in particular has emphasized the insidious interpolation of the circular fallacy wherever the psychologist has attempted to study the creative process. By their own admission and in felicitous terms the authors note that they are comparing groups of adolescents with different 'cognitive styles'. These 'cognitive styles', although similar, may bring together individuals with diverse characteristics in other respects when they are used as a basis for classification. The group that is described as 'creative' shows an unusual capacity for imagination, humor, and originality in the handling of test material. Since we have not yet agreed upon a precise definition of the meaning of the term 'creative' it may be plausible for the authors to define this characteristic as a synonym for a 'cognitive style' which combines the aforementioned elements. They admit, however, that these are the apparent prerequisites for creative activities and do

not in themselves insure creative achievement. Thus in reality the so-called 'creative' group is one with a presumed potential for creativity which may or may not become fulfilled. No matter how plausibly presented, there is a *petitio principii* in treating originality, for example, as both an evidence of creativity and a prerequisite for its emergence. Only careful follow-up studies of both the 'high IQ group' and the 'creative group' can further elucidate the data. There may be surprises. One might find in later life, for example, that some adolescents without the favorable 'cognitive style' of what I would prefer to call the 'imaginative' rather than 'creative' group will still achieve significant artistic or scientifically creative goals. In fact, utilizing their own original approach to the problem, could the authors now begin to examine other groups of subjects to determine whether some may achieve high test scores for imagination and originality yet show very little creative achievement and vice versa?

These critical comments are not meant to detract from the value of the study as it now stands, nor from the care and industry which it reveals. Any progress in increasing our understanding of these elusive problems must combine individual case studies which are familiar in the psychoanalytic literature with intelligent, statistically based investigations capable of testing where possible the assumptions arising from such clinical studies. The clinician in turn may be able to offer some refinements to the hypotheses that arise from such statistical endeavors as the one undertaken by Professors Getzels and Jackson.

VICTOR H. ROSEN (NEW YORK)

COMMON SENSE ABOUT PSYCHOANALYSIS. By Rudolph Wittenberg, Ph.D. Garden City, New York: Doubleday & Co., Inc., 1962. 214 pp.

In a book directed to the laity, Rudolph Wittenberg has lived up to his title. He seeks to enlighten the educated laity about psychoanalysis as a therapeutic procedure. At the same time he gives some glimpses of psychoanalytic theory, but no more than necessary to accomplish his main purpose of informing a potential patient what may lie ahead in the course of a therapeutic analysis.

Wittenberg starts with the question 'What is psychoanalysis?' and proceeds to discuss free association, the patient-analyst relationship, the patient and his family, and the termination of analysis. He

rounds out his presentation with chapters on the choice of analyst, the nature of analytic training, types of therapy, the treatment of children and adolescents, and, finally, the cost of psychoanalysis to persons of moderate income, with a description of community resources available in many cities.

Throughout the chapters Wittenberg illustrates and enlivens his text by well-presented case histories. These are not given in full, but ample information is supplied to demonstrate the point under discussion. To the author's credit, all these presentations are reasonable, not theoretical, and are presented from the viewpoint of ego psychology. It is apparent that these cases come from a rich experience of careful work and not from 'wild' analysis.

This reviewer can disagree with so well written a text only where Wittenberg argues for the training of nonmedical analysts. But this has been a moot point within analytic circles, so the author is entitled to present his case. All in all, the book is a fair and adequate presentation of psychoanalysis to the lay public.

EDWARD D. JOSEPH (NEW YORK)

FRONTIERS IN GENERAL HOSPITAL PSYCHIATRY. Edited by Louis Linn, M.D. New York: International Universities Press, Inc., 1961. 483 pp.

Although psychiatry has always been considered a part of medicine, psychiatric patients were long treated separately from other sick people. Only in relatively recent years have general hospitals provided facilities for these patients—a trend that is increasing. With the new understanding of mental illness provided by psychoanalysis came the recognition that the emotionally ill are really sick and that rational treatment can be provided for them. Recognition of the importance of emotional factors in organic diseases led to a more valuable role for psychiatrists in all medical practice. Thus psychiatric services in general hospitals began to develop, and sections for psychiatric patients were cautiously introduced.

Insulin and electric shock treatment seemed to provide means for the amelioration of acute illnesses so that length of hospital stay was greatly reduced; this enabled psychiatric hospitals to consider the time element which influences general hospital practice. More recently the psychotropic drugs have furthered the speed with which many acute illnesses can be brought under control. There has

also been an increasing professional and public awareness of the fact that psychiatric illnesses are treatable, that hospitalization is usually better if it occurs in the patient's community, and that many of the prejudices which set these patients apart should be discarded.

Frontiers in General Hospital Psychiatry reflects the present status of these changes not only in the United States but also in other parts of the world. The first section contains six articles on the organization and administration of pshychiatric services in general hospitals. It includes valuable information on such varied topics as the functions of the psychiatrist in a general hospital, residency training, architectural considerations, and special medicolegal issues. The second section deals with new methods of treatment including the somatic therapies, day and night hospitals, home care, and a number of important experiments such as admitting mothers and children on a psychiatric unit. Section three covers the impact of psychiatry on the treatment of medical and surgical patients, and the fourth section describes a number of interesting and important new approaches in various parts of the world.

The range of this book is wide and in general the quality of the articles is good. It contains many practical suggestions and even more stimulating ideas. It is not a textbook or manual, nor should it be. This important development in psychiatry is too recent, change is too rapid, and too many new ideas are being tried for any crystallization of patterns to be possible at present.

As one reads this book and observes this important phase in psychiatry, one becomes aware of a great dynamic force that is bringing psychiatry into full and proper relation to all medicine. This force is but another reflection of the tremendous impact of psychoanalysis not only on psychiatry and the rest of medicine but on our entire culture. The changing patterns described here are part of the more appropriate attitudes toward mental illness and the consequently more effective and humane treatment of the mentally ill.

LEWIS L. ROBBINS (GLEN OAKS, N. Y.)

ESTUDIOS SOBRE TECNICA PSICOANALITICA (Studies on Psychoanalytic Technique). By Heinrich Racker, Ph.D. Buenos Aires: Editorial Paidos, 1960. 222 pp.

In this important book, Heinrich Racker has collected most of what he wrote and published on countertransference and its relation to

psychoanalytic technique. Every chapter appeared in one form or another in various journals between 1953 and 1960, but the book has a certain logical harmony even though repetitions are unavoidable in a work of this kind.

The first chapter is a concise review and remarkably lucid abstract of classical analysis. The second chapter contrasts classical analysis and what Racker calls present-day techniques of psychoanalysis, meaning mostly the contributions of W. R. D. Fairbairn and Melanie Klein. The next two chapters are concerned with the theory of transference and analysis of the transference neurosis. Here Racker contrasts the so-called classical technique of the twenties with the modern tendency to be more active and interpret more material. He traces this activity of the analyst to the understanding of the infant's preverbal experiences leading to paranoid and depressive positions. These produce quick shifts in object or part-object cathexis and identifications which in turn manifest themselves in transference in equally rapid changes. These shifts escape awareness unless they are demonstrated every time they appear. Without the active help of the analyst, the patient could not possibly disentangle himself from his infantile reactions to good and bad objects perceived as introjected or projected, or perceived according to the many variations postulated by Fairbairn on that particular theme. Racker always keeps Klein's and Fairbairn's concepts within the framework of freudian psychology.

The second half of the book is concerned with the countertransference neurosis and its resolution. While everyone who has read Racker's articles knows how articulate he is on the subject of countertransference, the present book demonstrates how methodically and painstakingly he has approached that problem. It is impressive to read such an exhaustive study and ponder the importance of the analyst's reactions as an instrument for understanding and fostering the growth of the patient. To Racker the patient's neurosis has its exact contrapuntal equivalent in the unconscious associations of the analyst, continuously modulated by the unconscious of both patient and analyst. Analysis for him is a dialectic process; he is always using the unconscious of the analyst to understand the patient's communication. Racker considers the unconscious of the analyst as if it vibrated harmonically under the influence of the patient's neurosis and studies its manifestations in great detail. He offers

exact definitions which are most helpful and illustrates his point with case material and examples from analyses and supervision of analytic students.

He can thus distinguish conscious and unconscious reactions of the analyst from true countertransference. The 'countertransference neurosis' is studied under separate headings: positive œdipal, negative œdipal, indirect manifestations, direct manifestations of the countertransference, countertransference anxiety, aggression, and guilt. The objectivity of the countertransference, the meaning of somnolence, boredom, or submissiveness in the analyst, and the dangers and usefulness of the reactions are also treated in detail under separate headings. Finally, he tackles the thorny problem of communicating countertransference reactions to the analysand, believing that this is seldom necessary. Analyzing more carefully because of our heightened awareness of the patient's unconscious is the final aim, yet under certain controlled conditions Racker feels that it is beneficial to communicate the reactions of the analyst to the patient.

In general Racker sees the necessity for the analyst to calibrate himself and reanalyze different facets of his unconscious masochism or manic defense in the analysis of every patient since each patient is different and bound to evoke different manifestations of the same conflict or even trigger unsuspected conflicts in the unconscious of the analyst. Racker's account of how he uses constructively his countertransference awareness should be read by every analyst who has found himself baffled by a particular case. If one listens to one's 'counterassociations', they should reveal clearly the trend of what the patient is doing since the analyst is assumed to be responding in a complementary fashion to the transference wishes and defenses of the analysand. For example: a wish or impulse to murder the patient may correspond to the patient's guilt and need to be murdered. While analysts since the very beginning of analysis have been aware of their reactions and used them constructively, no one has approached the problem so methodically and thoroughly as Racker. This is without question his most important contribution to psychoanalysis. Unfortunately, he died more than two years ago.

It is easy to find fault with many of the principles advocated by Racker. Serious dangers are inherent in applying most of what he proposes. It cannot be said that he is not aware of these dangers

since he cautions analysts against premature, impulsive, or tactless interpretations and tries to define more precisely and objectively criteria for timing interpretations in terms of softening resistances, actualizing conflicts in everyday life and transference, economic and structural aspects, repressed content, object relations, character defenses, and depth and content of interpretations. Yet in spite of these admonitions, one must raise a number of questions to be answered by time and experience. 1. This kind of analysis is undoubtedly 'gratifying' to analysand as well as analyst. Although few analysts today believe that analysis should be only frustrating, there must be some limit and well-defined criteria for such mutual gratification. 2. Can a transference neurosis unfold spontaneously if the personality of the analyst intrudes as much as it must in the process described by Racker? 3. Is not the analyst furnishing much realistic material for resistance? 4. Is activity on the part of the analyst and the patient compatible; that is, can the patient eventually face in some relative peace his own unconscious and in the end gain independence when the analyst offers so much help? 5. Would not the patient rightly feel robbed of that genuine pleasure in mastering and finally knowing himself? 6. May not this type of analysis be more beneficial to the analyst than to the patient?

These questions and many others will occur to readers of this challenging book; yet, in the hands of mature and experienced analysts such as Racker himself must have been, these technical considerations hold great promise for increasing our therapeutic capabilities. The treatment of psychotic, psychosomatic, and acting-out patients has required modifications in analytic technique for which Racker may have established a sound theoretical and practical basis. He has outlined a process by which we can approach and interpret behavior rooted in archaic preverbal levels of organization. The weakness of the book seems to lie in his failure sufficiently to control the process when a therapeutic alliance is established and the patient's ego has grown sufficiently to withstand some realistic frustration. At that point good analysis must become increasingly the patient's work, and the analyst must be mature enough to fade more and more into the background.

All these questions, notwithstanding the challenge raised by Racker, should not be dismissed lightly. Serious students of analysis should read this book and ponder its content, for even if one were

to disagree with many of its propositions, one could not but be roused by the possibilities inherent in harnessing and constructively using the analyst's own unconscious. Moreover, in disagreeing with Racker, we would be forced to clarify some basic premises as well as be stimulated by what he offers. Finally, Racker believes that he may be pointing out to us how we may cope with the challenge of the future. It is possible that the very laws of the unconscious, revealed by psychoanalysis, will make it necessary for some patients of today, and certainly for most of tomorrow, to express themselves in more obscure ways. For this, present methods and techniques will be at least partially inadequate.

JOSE BARCHILON (NEW YORK)

EPIDEMIOLOGY AND MENTAL ILLNESS. By Richard J. Plunkett and John E. Gordon. New York: Basic Books, Inc., 1960. 126 pp.

Psychiatry has become the legitimate concern of epidemiologists; epidemiology now gains the position of being a legitimate basic science of psychiatry.

This is the sixth of a series of monographs published as part of a national mental health survey done by the Joint Commission on Mental Illness and Health authorized by Congress in 1955. It serves as a report from the authors to the Staff Director of this Commission, Jack Ewalt, M.D.

The relevance of epidemiology to mental illness is based on the assumption that an 'epidemic' of mental illness exists in the United States, estimated as 17,500,000 Americans with psychiatric disturbances severe enough to warrant treatment.

Epidemiologists count the number of mentally ill in a population at a given time and measure the rate at which new cases appear; uncover and evaluate the countless variables such as sex, age, marital status, presence of physical illness, and socioeconomic position, and attempt to associate these with mental illness in an individual group under certain conditions; identify patterns of association between mental illness and factors affecting the individual and groups and suggest causal relationships among these patterns; and offer guidance in the conception of public health programs for prevention and control of mental illness.

Population studies in the United States are reviewed and analyzed.

After reviewing the various facets of the problems involved in epidemiology of mental illness, a general plan for a pilot study is suggested. Suicide, alcoholism, postpartum psychosis, and psychosomatic illness are offered as examples of reasonably well-delineated conditions which may be suitable for the method proposed for epidemiologic study. Recognition is given to the fact that the epidemiologic method is a new approach to an old problem. It is essentially an organized approach to human ecology, by way of scientific observation and analysis.

This document is a readable compilation of data relating to the epidemiology of mental illness in this country. It offers a reasonable set of inferences, presenting a comprehensive view of the present scene and a rational perspective for the future. A comparative study of other countries would be important. Within its scope this report offers insights of glaring significance for the basic scientist, practitioner, indeed any individual aware of his fellow man. A helpful bibliography is included.

CHARLES R. VERNON (CHAPEL HILL, N. C.)

ON ADOLESCENCE. A PSYCHOANALYTIC INTERPRETATION. By Peter Blos. New York: The Free Press of Glencoe, 1962. 269 pp.

Blos' new book is a work of distinguished scholarship in the field of adolescent psychology and is the first attempt to present a unified psychoanalytic theory of adolescent developmental processes. It is at once a survey, a source book, and a significant original contribution to psychoanalytic theory. All of this, including an exhaustive survey of the literature, is packed into 244 pages of concise, lean writing which demands close reading and thorough familiarity with psychoanalytic theory and terminology.

The body of the work is centered in the exposition and elucidation of five phases in the adolescent process which Blos identifies as preadolescence, early adolescence, adolescence proper, late adolescence, and postadolescence. The work of latency in preparation for adolescence and the completion of the maturational process in the phase that Blos calls 'postadolescence' are given special treatment. The characteristics of each of these phases are carefully worked out in terms of drive cathexis, object choice, the progression toward genital primacy, and concomitant ego changes. The first two

phases are set off from the last three through the criterion of object choice. The period 'adolescence proper' in Blos' terminology represents the phase in which the decisive turn toward heterosexuality is made and the final and irreversible renunciation of the instinctual objects takes place.

The narrative begins in preadolescence, with a quantitative increase in drive, a drive that has no new quality of its own, no new aims and no objects, for the old objects are objects of danger and the new objects are not yet. The danger of the woman, the archaic mother, revives castration fears in the boy and the renewal of danger brings forth regression and an indiscriminate cathexis of precœdipal impulses. Even the genital organ behaves as if it were uncommitted to genital purpose and responds through erection to a variety of non-specific stimuli. For the girl in preadolescence, regression is the greater danger and the regressive pull to the precœdipal mother must be countered defensively by a powerful thrust in the direction of heterosexuality.

In the intricate sequence of development that follows, the drive which is distinguished only by quantity must undergo qualitative changes. Pregenitality must be relegated to the role of forepleasure and the genital must achieve primacy at the close of adolescence. The bisexuality of preadolescence and early adolescence must end and the sex-alien component of the drive must be conceded to a partner of the opposite sex. The incestuous objects must be relinquished in order to pave the way for heterosexual object love. The ego itself must perform prodigious feats of adaptation at a time when its adaptive capacities are weakened by large expenditures of countercathectic energy and is further impoverished both by the decathexis of the original objects and their representations in the superego. At the conclusion of this protracted struggle the adolescent must find his answer to one of the central questions of adolescence, 'Who am I?'.

The œdipal residues must be dealt with in late adolescence, typically worked out in the experimental period of heterosexual object seeking in a pattern of reliving and mastery of old conflicts with new objects. The infantile conflicts are not removed at the close of adolescence but they become ego-syntonic, integrated within the realm of the ego as life tasks. In this way, both love and work have relative autonomy from their infantile and conflictual origins

and the conflict-free sphere of the ego is expanded. In this period drive organization has reached its last stage and sexual identity takes its final and irreversible form.

Blos finds it necessary in this scheme to include a phase he calls 'postadolescence' which does not, strictly speaking, belong to the adolescent process—a transitional phase into adulthood in which further consolidation of the work of adolescence takes place. For while drive organization at the close of adolescence has normally reached a state of permanency, ego development has not caught up with it. In this period there is sexual drive experimentation in the relations with love objects 'with all possible combinations of degraded and idealized, of sensual and tender love' and experimentation with ego interests in the pursuit of vocation. At the close of this period of experimentation we can normally expect a reordering of all these components into a harmonious whole, and character bears the stamp of identity.

The progress from the first stage to the last is fraught with perils, as every clinician knows. Each of the stages may be a stopping point, with consequent dangers for personality development. But it is the special merit of Blos' work that adolescence is viewed also as a time of recovery, of undoing and reworking. As Blos sees it, the variables at work in this process are such that no one can accurately predict the outcome. It is as if the revival of infantile conflicts in adolescence gives a second chance for the ego to relive, to master, and to find new solutions.

Blos is thoroughly attentive throughout to cultural factors that give shape to the adolescent personality. His discussion of defense in middle adolescence draws attention to the fact that both 'intellectualization' and 'asceticism' are not commonly encountered as defenses among American adolescents, which suggests the degree to which the choice of defense is open to external influence. He identifies in American youth a defense he calls 'uniformism' which acquires its external support from cultural pressures toward conformity. As a defense 'uniformism' serves both instinctual dangers and the identity crisis of adolescence. Unlike the other defenses against the instincts, uniformism does not deny the sexual urge but subdues the dangers by subjecting it to the arbitrary regulation of a code. In this way the adolescent is spared the painful necessity of dealing with his uniquely constituted inner disorder and finding unique solutions to conflict. Following Blos' thinking, one can see

how the preadolescent or early adolescent boy, whose inner feelings will dictate avoidance of the dangerous woman, is spared the necessity of coming to grips with the dangers, of working it over in fantasy, of testing himself out at a pace that is measured and tuned to his inner readiness. He can make the jump from the uncertain masculinity of early adolescence to manhood by following the forms of courtship, by learning the external forms of masculinity and male conduct. But the disparity between the inner knowledge and the external forms of masculine conduct lays the groundwork for conflict in late adolescence when masculinity must pass the test of genitality.

In the same vein Blos presents sobering thoughts about the pressures for early dating which impinge upon the child in early adolescence at a time when the crucial developmental tasks center in the decathexis of incestuous object. Conflict with the parents and mourning are normally part of the process of leave-taking and the process of working through. The culturally imposed patterns of early dating have the effect of bypassing the psychologically painful but necessary experiences of leave-taking. There is the danger, then, that the adolescent who is hurriedly pushed through the process of leave-taking and pressed to take substitute objects may have a diminished capacity for heterosexual love and that object finding may be contaminated by œdipal residues.

Blos' chapter on The Ego in Adolescence includes a valuable treatment of the role of the ego ideal in adolescence and its significance for the resolution of the infantile homosexual tie. The ego ideal, which has its 'formative push' during the passing of the œdipus complex, reaches full dimensions as a psychic institution in adolescence following the decisive detachment from œdipal parents. Blos draws attention to breakdowns in the adolescent process that occur in late adolescence or postadolescence in which analysis reveals the negative œdipal attachment which has not been transformed into ego ideal formation.

The chapter on masturbation is rich in clinical application. Blos deals fully with the phase-adequate functions of masturbation, its role in facilitating the forward movement of the instinctual drive, and also its conservative tendency in perpetuating infantile positions.

If there is one significant omission in this treatment of adolescent processes, it is the absence of specific study of the role of the aggres-

sive drive. For while Blos takes into account the aggressive manifestations of adolescence, there is no systematic treatment of the vicissitudes of the drive in the course of adolescent development. In Blos' defense one should admit that in general we know far less than we need to know about the role of the aggressive drive in developmental processes. Yet our understanding of the progress toward genitality in adolescence remains one-sided as long as the aggressive drive is regarded as a silent partner. Through clinical observation we know that the aggressive drive may facilitate or impede the progress of sexual drive organization in adolescence. It remains to bring these observations together and to give them coherence within the framework of such a sequential development as Blos has given us.

While reading this volume I was struck by the rich potential in Blos' work for social work, psychology, and education. It is regrettable from this point of view that Blos has chosen a vocabulary and style that will make this book unintelligible to anyone who is not an analyst. It is a vocabulary that is clinically exact and succinct from the psychoanalytic standpoint. Many original and exciting ideas are presented in these pages by means of a psychoanalytic shorthand that cannot be deciphered without great labor by anyone outside the field.

On the other hand for the analytic reader, the book might have profited from expansion. The content merits perhaps two thick volumes, amply illustrated with case material, and with space for elucidation and discoursive treatment of many topics that are presented in essence within a paragraph or a single sentence. The over-all sense of tightness and constriction of this volume is reenforced by the format. Fine type, close setting, and narrow margins have the effect of squeezing the tight prose into a box.

None of these last points, however, should detract from the real stature of Blos' work, a work that must be regarded as a major contribution to psychoanalysis.

SELMA FRAIBERG (METAIRIE, LA.)

PSYCHOLOGIST AT LARGE. AN AUTOBIOGRAPHY AND SELECTED ESSAYS. By Edwin G. Boring. New York: Basic Books, Inc., 1961. 371 pp.

Boring's letters and papers, introduced by an autobiographical

sketch, are stimulating and entertaining and, though the papers have been previously published separately, they are informative. Sceptical about genius, he believes that conscientious effort and the historical process are the ingredients for productivity.

The autobiography presents an open invitation to the reader (and perhaps to the future biographer) to study the personal history of the author and compare it with the work which he produced for a better understanding of both. The revelations contained in it are not those of a vain, self-centered man, but are rather those of one who has measured his worth carefully, having withstood the demands of his own lashing needs and ideals, as well as the ravages of time and the onslaughts of criticisms from contemporaries (he was even the object of a witch hunt).

Boring devoted his life to teaching. He was attracted by Titchener's lectures into the field of psychology and became an experimental psychologist, an introspectionist, though perhaps (later) a reformed one. The history of psychology became his special interest. Much of his energy seems to have been devoted to developing skills of communication and he wanted more than all else to be understood in his 'struggles for maturity and wisdom'. He was aware of 'paradoxical needs of ambition and of acceptance' which he felt interfered with the attainment of the wisdom he sought. He not only tells us his somatotype (according to Sheldon's classification) but also gives details which may serve the purposes of psychologists of every persuasion including the Jungian, the Adlerian, and the freudian. The reader will be rewarded by the feeling of having become intimately acquainted with the author, of understanding him in his candid self-appraisal which is offered with dignity and humor in a lucid and communicative style. Boring, the man, emerges and one is almost convinced that man is an 'agent of history', a product of his time, of the *Zeitgeist*.

The psychoanalyst who sees Boring's comments about analysis for the first time in this volume will greet them with mixed feelings since the challenge he issues by publicly asking himself and his analyst 'Was This Analysis a Success?' tickles the imagination. His answer, published side by side with the answer from Hanns Sachs, could have provided a valuable critique. But it does not. The psychoanalytic reader will be disappointed for Boring's weakest moments as writer and scientist are when he writes about psychoanaly-

sis. It is nevertheless of some interest that a psychologist of his stature, who tried to understand and tolerate, felt that analysis was something less than a science. This is especially true since he seemed to recognize the unconscious operation of certain mental processes. (After a head injury, he suffered an amnesia and from that experience Boring discovered an unconscious mental function in himself.) He considered that analysis was primarily an intuitive process and was convinced that analysts were not sufficiently suspicious of intuition. Apparently he believed that the intuitive processes could not be comprehended. Despite his criticisms of analysis his excellent paper on 'introspection' recognizes clearly that analysts do not trust subjective assessments of motivation in particular and introspection in general any more than he did.

The paper which explores the merits of the analysis and the answer by Sachs are both lacking in specific detail. Boring expresses some doubt about the effectiveness of the analytic work and Sachs does not contest the opinion of his former analysand. The brevity of information is in part undone by Boring's negative claim that he did not suffer from a 'transference to the analyst', and by the positive claim that his attitudes were favorable for a successful result though he states that, when he began the analytic work, professional and financial reasons demanded that he set a limited time for the analysis to accomplish its aims. Despite the doubts and the circumstances it is quite clear that the analysis permitted him, if it did nothing else, to have a diminished sense of guilt (which had previously threatened to become overwhelming). According to Boring, his brief analysis (one hundred sixty-eight hours over a period of nine months) was equivocally beneficial since many of the reality factors changed before the analysis and permitted him to make his adjustments, perhaps independently of the analytic work. In the meantime he found little or no insight as a product of his analysis while he did not gain the (admittedly) magical wisdom he had expected.

Sachs's inimically gentle reply had to be made in general and theoretical terms since the issue of confidentiality precluded specific references to the content of Boring's analysis. Sachs discusses the difficulties in assessing 'success' of analytic work and points to the synergistic action of analytic and reality changes. He also speaks of the need to differentiate and make a judgment as to whether to undertake an intense analytic effort directed at character analysis,

depending upon the availability of the libido in the specific case, the presence or absence of a symptom neurosis, and the established character structure. Obviously, in the special case of Boring his judgment must have been in the negative. He tells us that there was no well-defined neurosis. Though Sachs speaks of the need to free the evaluation of analytic therapy from magical demands he does not refer to the resistances which he must have encountered in this analysis. Boring's commentary reflects not only his admitted need for magical results but also his overvaluation of scientific control and method. The cloak of rational discussion about the question of determinism versus freedom in science and human activity seems only a thin disguise for a need for belief, and shows that Boring overlooked the analytic literature on the subject.

It is in one of the author's letters to Sachs that his most important objections to analytic theory are stated. He criticizes the Bernfeld-Feitelberg monograph, *Energie und Trieb,* as a product of intuition and contrasts it with experimentation and sees disadvantages in both methods. He states that the concept of psychological energy is unproved and unwarranted and insists on the biological substrata of mental work. He rejects the analogies made with physical laws which he believes tell little about psychic energy and drive, and he decries the Bernfeld-Feitelberg use of the Weber-Fechner law. He regards the mental apparatus as a releasing organ and implies that this is not taken into account by the monograph or by analytic theory. He conceives the organism as responding to frustration by persisting in reaching its goal (essentially a physiological concept). He believes the problem to be not one of energy but of control.

Boring, the experimentalist and operationist, sceptical about all mental operations which could not be checked by some measuring device, maintained his distance from and differences with analytic thought while he was constantly aware of the historical influences in the shaping of concepts. Paradoxical though it may sound, it nevertheless seems that when historians write about Boring in the future they will say of him that the historical influence on his thought was not so much Titchener, the experimental psychologist, as he claimed, but Freud, the intuitionist. The distance between Boring and Freud will be found, I believe, in the fact that Boring's historical bias, his preoccupation with the *Zeitgeist,* is not a genetic concept in the sense in which analysts understand it. Though

Boring's 'the historical process' conceives that history is more than the sum of its parts, it does not appear to contain the propositions inherent in the analytic conceptualization but seems rather to imply a deification of history, giving it a quality of mysticism (despite the stated desire to accept historical events as facts).

When Boring writes for the layman on such topics as the Normal Law of Error in Mental Measurement, he teaches convincingly. An important objection might be made (especially as it applies to his comments on analysis): that he will be most convincing to the uninitiated. Apparently he has some inkling of this since he remarks in the paper on the Normal Law of Error that Lancelot Hogben's book on Statistical Theory will argue his 'truths' in a more sophisticated manner. His simple and convincing style becomes suspect of oversimplification for purposes of communication. This may be perfectly justified for teaching but does not represent a proper exposition of science, certainly not of psychoanalytic theory and practice.

The limitations of Boring's treatment of psychoanalysis should not be a deterrent to reading the views which he brings to a diversity of topics in his many papers. For example: 1. An experimental treatment of the phenomenon of the moon-illusion which he explains on an anatomical basis. 2. The problems of women in science to which he brings a refreshingly different attitude. Hardly antifeminist, he rejects the projective explanations of the ardent feminist and brings his own view to the realities of those problems and tries to expose the dynamics involved. 3. The controversy of learning versus training in graduate schools will be cogent reading for the psychoanalytic teacher in the light of the recent developments in psychoanalytic education. 4. In a paper on human nature versus sensation he undertakes an analysis of William James's psychological position. Such terms (and the ideas contained in them) as operationism, behaviorism, and positivism are explicated in the process of demonstrating that, though originally James began as an 'experimentalist', he became what Boring refers to as a 'nativist'. By this means James is placed in the historical context of the development of the ideas. 5. In several papers, essentially obituaries, Boring gives a brief account of the lives of Titchener and Terman. These are brilliant pieces of biography in which one recognizes the personal emotional involvement of the biographer with his subjects.

Boring's Psychologist at Large is actually an abridged history of

psychology of the past five decades in the United States. The author's central and eminent academic position in the past fifty-odd years makes the story of his life and work an account of the history of psychology. However, this volume will not be required reading for the psychologist, certainly not for the psychoanalyst. It is his previous work, The History of Experimental Psychology, that will have a permanent place on the classical shelf of psychology while the present one will remain simply recommended reading.

VICTOR CALEF (SAN FRANCISCO)

PSYCHOLOGY OF LITERATURE. A STUDY OF ALIENATION AND TRAGEDY. By Ralph I. Hallman. New York: Philosophical Library, Inc., 1961. 262 pp.

The author attempts first to establish and thereupon to elaborate the following thesis: tragedy is a literary form which presents the conflictual and 'inevitably tragic' human condition. This tragic condition is made inevitable by the fact that intelligence alienates man from his drives and prevents him from merging with the stream of life of the tribal community. Because conceptions of divinity and the cosmos are the result of drive projection, man's intelligence also alienates him from divine or cosmic unity. Intelligence, fostered by the need for provisions, sees flaws in the divine, paternal, or traditional order; it rebels and demands reforms. This produces anxiety and guilt. The tragic hero dares openly to undertake this rebellion, or is torn in his temptation to rebel, thereby acting out or ventilating what is buried in every spectator. If the hero accomplishes his task, his own new order will in turn be exposed to destruction; if he fails, he gives up his autonomy and submits to the old order. Either way, the ultimate outcome is death.

While in the Dionysian ritual, from which the classic Greek tragedies developed, death is accepted as the road to rebirth, intelligence always rebels against death. In the light of intelligence death is senseless and thus the hero's death becomes tragic. Yet the dynamics of the æsthetic experience of the play must somehow make this outcome acceptable. Basically, Hallman follows Nietzsche by contrasting the Apollonian with the Dionysian, and Freud by setting Eros against Thanatos in his explanation of the sources of conflict in tragedy. His elaborations on and excursions from

this central theme are extensive and range far into the fields of religion, philosophy, and psychology.

Whether this summary of Hallman's volume is accurate may be questionable. It is difficult to be certain of his meaning because of the turgid language, the often ambiguous and contradictory statements, and the frequent interruptions of a logical train of thought by associative excursions. He has a high regard for the acceptance of ambivalence in Far Eastern thinking, and this seems to be reflected in his own style. According to him, because of their acceptance of ambivalence, Chinese and Japanese literature know no tragedy.

The principal tragedies treated are: the legends of Prometheus, Adam, and Job; the dramas of Œdipus, Hamlet, Faust, Death of a Salesman, and The Cocktail Party; and three novels of Dostoevsky—The Brothers Karamazov, Crime and Punishment, and The Possessed. His philosophical and religious references contrast the Chinese Book of Changes, which considers man's most urgent problem to be the anticipation of divine caprice, with Aristotelian methodology and Christian ideas of communion. These latter avoid tragedy by promising a form of rebirth. Hallman's psychological references pass from Aristotle to Freud, Ferenczi, and Jung. His thoughts on cosmic union and life energy probably parallel Jung's ideas most closely.

There are occasionally fine formulations in this book and some poignant summaries of literary works. But these may be available elsewhere without the confusion of psychological theories which are at times forced to fit the main thesis that intelligence alienates man from his true self, creating a basis for tragedy. To read this book with pleasure and some profit probably demands the detachment of Sir Henry, the psychiatrist in The Cocktail Party, as well as the patience of Job.

MARTIN WANGH (NEW YORK)

THE MOLD OF MURDER. A PSYCHIATRIC STUDY OF HOMICIDE. By Walter Bromberg, M.D. New York: Grune & Stratton, Inc., 1961 230 pp.

Directed to physicians, psychiatrists, social workers, parole and probation officers, judges, and the intelligent layman, this is an excellent

book with a dynamic psychiatric basis. The author makes free use of psychoanalytic concepts and is strongly influenced in his eclectic and catholic points of view especially by Karpman, Schilder, and Adolf Meyer. He himself has had wide experience in criminal psychiatry.

His attention is directed less to psychiatric categories than to problems of motivation and developmental psychopathology. Bromberg points out that eighty percent of all felons are 'normal', meaning that they cannot be classified under any psychiatric category. He then illustrates the important psychological problems at work in the 'normal' murderer. He also calls attention to the interesting fact that although only four percent of convicted felons in New York County are women, eighteen and one-half percent of all arrests for criminal homicide were women. Most of these were for infanticide and abortion.

The author is primarily interested in defensive aggression against insecurity and dependency and in the sociopath or psychopath. Insecurity and dependency are equated with femininity, passivity, latent passive homosexuality, and fantasies of castration and dismemberment. Here he leans heavily on Schilder and his co-workers. He points to the homosexual nucleus in the male killer. The largest single consideration in the book is psychopathy, which is treated at length. Bromberg reviews the history of the concept and discusses the more enlightened attitudes in relation to the McNaghten formula. In the definition of psychopathy he is most influenced by Karpman. Although he takes pains to illustrate motivation in detail, Bromberg nevertheless seems to agree with Karpman that there is an irreducible, unanalyzable core of aggression in the psychopath. He regards the hyperkinetic syndrome of children as the precursor of psychopathy. He also accepts the concept of immaturity as a preliminary stage of psychopathy. Within this concept, however, he sees a strong need for dependency underlying the rebelliousness.

The author declares himself (as do workers in other areas of psychopathology) at a loss to specify the crucial determinant that influences the selection of murder as the final common path for the expression of the subject's problems. In a paper[1] published more than ten years ago, Bromberg indicated an area of research which might help elucidate this problem. He then suggested a study

[1] Bromberg, Walter: *A Psychological Study of Murder.* Int. J. Psa., XXXII, 1951, pp. 117-127.

of the early oral tendencies versus the factors of ego strength. Scattered throughout the book are references to problems of rage and revenge intermingled with oral problems of deprivation. He relates murder to the mingling of the problems of oral love, incorporation, and sadistic destruction of the mother. He suggests that when there is such a fusion of love and revenge within a personality organized primarily at the oral level murder is the outcome. Such a thesis might have given useful direction to this book to ascertain the validity of the concept. It would agree with this reviewer's bias concerning the psychology of murder and would encompass not only the problem of hatred, but all the ambiguities, the incorporating tendencies, the love and the identification of the murderer with his victim.

There are occasional lapses in style to the 'whodunit'; for example, 'Two men in gray overcoats quietly threaded through the noonday crowds behind him'. Otherwise, the style is in good taste. The book is superior to others dealing with the same subject because of its emphasis on motivation and personality development. The psychoanalyst may regret the failure to drive some concepts further toward their earlier or more archaic sources. However, this book was not written for psychoanalysts only but for a more general audience. It serves its purpose well.

SIDNEY TARACHOW (NEW YORK)

THREE ESSAYS ON THE THEORY OF SEXUALITY. By Sigmund Freud. Translated and newly edited by James Strachey. New York: Basic Books, Inc., 1962. 130 pp.

It is a tribute to the genius of Freud that his Three Essays on the Theory of Sexuality has now been published in the United States more than a half-century after the first expurgated version wreaked such antipathy for the author's name. In an editorial note, J. D. Sutherland, General Editor of the International Psychoanalytical Library, states that this edition 'contains the completely revised and fully annotated text of The Standard Edition with a few extra editorial footnotes'.

In addition to the text there is an extensive bibliography of technical works referred to in it and a general index of nontechnical authors and those technical ones to whom no reference is

made. An editor's note, prefaces to the second, third, and fourth editions, an appendix listing Freud's writings which deal predominantly with sexuality, an addenda, and an explanatory list of abbreviations complete the book.

MARY ROMAGNOLI (NEW YORK)

# ABSTRACTS

Journal of the American Psychoanalytic Association. X, 1962.

**Reality and Actuality.** Erik H. Erikson. Pp. 451-474.

In accordance with the author's epigenetic model of maturation, in which ego interests such as hope and will are connected with psychosocial needs and correlated with phases of psychosexual development, the importance of fidelity in the ego maturation of the adolescent is discussed. Erikson uses the case of Dora to illustrate Freud's failure to discriminate between the need of the patient's developing ego for actuality when she confronted her parents with the historical facts of their behavior, and his insistence that she deal only with the unconscious repressed reality behind her symptoms. Dora's neurosis was rooted in the crisis of adolescence, and her emphasis on historical truth was an adaptive pattern genuine for her stage in life.

At each point of development what appears to be 'acting out' may contain an adaptive, if immature, reaching out for experience to verify the ego's expectant trend and growth. Insight into the inner realities must then be experienced only within the assessment of the historical truth. The need for fidelity is necessary for the adolescent to achieve self-identity.

**A Critical Examination of Freud's Concept of Bound vs. Free Cathexis.** Robert R. Holt. Pp. 475-525.

Holt discusses the changes in Freud's thinking which occurred over a period of time with regard to his ideas of bound and mobile energy. Freud used the concepts of binding and mobility of cathexes in about fourteen different ways. The major usages describe the inhibition and delay of discharge, the binding of drive energy to ideas (primary to secondary process), and the building of structure. Freud distinguishes between the energy of instinctual drives and neutral energy (hypercathexis). It is not clear whether this latter is derived from drive energy. Hypercathexis seems to be used mainly for structure formation.

The author makes a strong plea for differentiation between drive cathexis and hypercathexis. Where hypercathexis is bound, he proposes the use of the term 'immobilization'. He also distinguishes between 'binding' and 'neutralization' as used in the formation of secondary process to describe drive energy, the former referring to formal properties of thought, the latter to content. Hypercathexis may bind drive cathexis to an idea; it may focus attention on it; or it may through countercathexis inhibit its discharge or access to consciousness.

**Some Problems in Contemporary Ego Psychology.** Bernard Apfelbaum. Pp. 526-537.

Apfelbaum disputes the contention that the increased clinical and theoretical emphasis on ego functioning has left the assumptions regarding instinctual drive intact. Since the ego of the tripartite psychic structure devised by Freud in The Ego and the Id has no intrinsic energy of its own, it becomes difficult to

explain the energy used by the ego in nonpathological, goal-directed strivings. Following Freud, contemporary ego theorists have tried to preserve instinctual drive separate from ego structure by using the concepts of primary and secondary ego autonomy but still employing energies derived from the id.

Grauer has postulated that, since ego and id stem from a common matrix, the energies with which they operate can also be assumed to derive from that matrix, and therefore the hypothesis of a necessary prior process of neutralization can be dispensed with. This tendency toward the construction of a primary ego energy diminishes the importance of the id as the only source of energy. Difficulties also arise because the analogy of the psychic apparatus to a thermodynamic structure and the stressing of quantitative factors fail to account for clinical observations where an apparatus of secondary autonomy, such as altruism, seems to be more than a derivative of conflict between the ego and the id.

**Ego Functions and Bodily Reactions.** Samuel Silverman. Pp. 538-563.

After a review of the pertinent literature, and with the aid of many clinical examples, Silverman discusses aspects of ego functioning which occur during the analytic hour and which are related to bodily reactions. These aspects use mainly aggressive energies and are of the following types: 1, habitual ego-syntonic physical responses which are part of character structure; 2, (a) transference resistance somatically expressed; (b) somatic reactions to interpretation; and 3, shifts between somatic and psychic modes of expression. These are all subject to modification with interpretation and working through. The appearance and disappearance of somatic responses during an analytic hour need not represent any important regressive or synthetic ego elements but rather the usual homeostatic activities. The somatic reactions tend to have a symbolic meaning and are continuations of functions proper to the first year of life when emotional disturbances tend to be expressed in somatic terms. Excessive bodily reactions may denote marked regressive changes in ego functioning and lead to organic disease.

**Mourning Before the Fact.** Albert A. Rosner. Pp. 564-570.

Mourning before the fact of loss may denote a displacement to the current and conscious object of a sense of loss of a different and former object in the unconscious. The conscious preoccupation may act as a resistance in analysis. Rosner reports the case of a young man who brooded over a premonitory dream of his father's death which represented a defense against the fear of losing his mother—a recurrent theme from his childhood neurosis. The dream was overdetermined since it also represented a defense against repressed elements of the œdipal conflict including fear of castration.

**A Technique for Self-Analysis of Countertransference: Use of the Psychoanalyst's Visual Images in Response to Patient's Dreams.** W. Donald Ross and Frederic T. Kapp. Pp. 643-657.

The authors discuss a technique for self-analysis of countertransference using the visual imagery evoked by the analyst's associations to material in the patient's dreams. The verbal description of the dream by the patient represents the final result of the dream work, including secondary revision. The imagery added by

the analyst is a new version to which his unconscious has contributed. His self-analysis can be a useful tool in treatment to correct his own immature attitudes and make his interpretations more objective, thus freeing the patient from a possible barrier to further insight. Although countertransference can be analyzed in many different ways, this method provides a distinct and relatively simple procedure.

**The Principle of 'Working Through' in Psychoanalysis.** Samuel Novey. Pp. 658-676.

Freud originally felt that working through was a gradual abreaction concomitant with the development of insight as resistances slowly broke down under interpretation. Later, with the formation of the structural theory, working through was more completely considered as due to the existence of five kinds of resistances—three from the ego and one each from the id and the superego. The author discusses the id aspects. After insight is gained, the repetition compulsion, based on inborn characteristics and infantile experiences of a traumatic nature, has to be overcome. (The repetition compulsion is the least influenced by insight.) Learning theory, with its emphasis on reward as an effective conditioner of learning, has something to contribute to the id aspects of working through. The affective, anxiety-producing, repetitive experiences of childhood have to be undone in similar fashion by endless repetition of interpretation and relearning. This must be experienced in an atmosphere of reward. In line with learning theory, the affectional, cue, and reward aspects of the transference situation throw additional light on the need for time. Normal characterological defenses have to replace the pathological before reward is experienced. This process takes time and may depend on cues which are often not identified by either partner in the therapeutic situation.

**Unconscious Birth Fantasies in the Ninth Month of Treatment.** Gilbert J. Rose. Pp. 677-688.

The author asks the question, 'How common is it for "unconscious mental activity" to play with numbers and produce birth fantasies toward the end of the ninth month of treatment?'. Although few such reports may be found in the literature, he feels from the investigation of five illustrative cases that this phenomenon is quite frequent and that it has been merely overlooked.

**Some Effects of Pregnancy and Childbirth on Men.** Wilbur Jarvis. Pp. 689-700.

Pregnancy and the birth of a child tend to act as powerful stimuli to the father's psyche. When they occur during analysis, important information may be revealed about his œdipal and preœdipal conflicts. Four cases are cited briefly in which pregnancy led to a disturbance of the existing psychic equilibrium and to the reactivation of infantile conflicts relating to birth.

**Onan, the Levirate Marriage, and the Genealogy of the Messiah.** Arthur B. Brenner. Pp. 701-721.

In Hebrew tradition, the levirate marriage is an institution whereby a man is obliged to marry his brother's childless widow in order to beget a son who will

carry the dead father's name. The author speculates that this institution was determined by a number of repressed archaic ideas. With illustrations mainly from the stories of Judah and Tamar, Boaz and Ruth—the ancestors of Jesus Christ—the author formulates the following determinants for the tradition. The begettor of the child is acting in behalf of a father figure who is ghost or God. Such a son can fantasy that he himself is God or demigod because of this descent. In the New Testament, a reversal takes place in which Jesus is begotten of God, and Joseph is the unimportant status father.

**Freud's 'Double': Arthur Schnitzler.** Frederick J. Beharriell. Pp. 722-730.

Schnitzler, the Viennese physician-poet and contemporary of Freud, wrote strikingly 'freudian' plays and stories. Schnitzler referred to Freud as his 'double', and Freud called Schnitzler his 'psychic twin'. Yet they did not meet until June 1922 when Freud was 63 and Schnitzler was 60. In one of Freud's letters to Schnitzler dated a month earlier, he remarked that the avoidance was out of fear of meeting his own double who had duplicated in a remarkable and intuitive way his own discoveries. The author verifies this with excerpts from the early writings of Schnitzler, which antedate Freud's psychoanalytic publications.

**A Psychoanalytic Study of Pirandello's 'Six Characters in Search of an Author'.** Charles Kligerman. Pp. 731-744.

Freud indicated that when a person dreams he is dreaming, the inner dream contains the forbidden unconscious wish in a relatively undisguised manner. In Pirandello's drama, which is a play within a play and has a dreamlike quality, the principal theme is father-daughter incest. In discussions with his biographers, the playwright showed considerable resistance to admitting any connection between his unconscious and the subject matter of the play. The same theme occurs frequently in some of his other plays. The author presents biographical data to support father-daughter love as an important element in the emotional life of Pirandello.

**The Psychology of the Critic and Psychological Criticism.** Philip Weissman. Pp. 745-761.

The author stresses the importance of psychoanalytic insight for the critic. The function of the critic is to make conscious to the spectator what the latter has experienced preconsciously or unconsciously both as to the content and the formal qualities of the work of art. Present-day art criticism requires an insight into the inner life of the artist and the manner in which it is reflected in the work of creation. The critic's own awareness of his unconscious emotional attitudes to the artist and his creations will minimize distortion of his critical statements. Criticism which incorporates psychoanalytic insight may well be called creative criticism. It requires the ability to avoid idealized identification with the artist or his creations.

**Altered Ego States Allied to Depersonalization.** Julian L. Stamm. Pp. 762-783.

Depersonalization, including its allied states, develops as a transitory defense

against either threatening reality or id impulses. It occurs in individuals strongly fixated in the oral passive dependent stage. The defense constitutes a regression to a symbiotic union with the mother, permitting the coming into consciousness of infantile fantasies. There is sufficient ego strength for splitting into observant and regressed ego parts and for awareness of strange and unreal feelings and thoughts. In those rare instances where there is no accompanying anxiety, the regression may be considered as being in the service of the ego. Depersonalization is furthered in situations where passivity is encouraged. Three short case histories are cited to support the thesis.

**Depersonalization and Derealization.** Charles N. Sarlin. Pp. 784-804.

The feeling of depersonalization is due to withdrawal of cathexis from self-representation of the ego. A similar withdrawal from the object representation leads to a feeling of derealization. These are defenses against powerful id drives which are viewed as a threat to survival. A lengthy case report is presented in which identification with the images of unsatisfactory sado-masochistic parents led to castration anxiety and fear of abandonment. The patient actively defended against this by giving up the sadistic self-representation in the ego (through withdrawal of cathexis) leading to feelings of depersonalization. In the absence of suitable models for identification, self-representation within the ego may be achieved by identification with the image of one hated sadistic parent, while the object becomes imbued with the image of the other. Depending on the degree of regression and reaggressivization, the defensive symptoms of estrangement, depersonalization, derealization, and loss of identity may result.

JOSEPH BIERNOFF

**Psychiatric Quarterly.** XXXVI, 1962.

**Father-Daughter Incest.** I. B. Weiner. Pp. 607-632.

Five brief case reports are given of men who had incestuous sexual relationships with their daughters. Intelligent, middle-class men with fair jobs, they had character disorders with paranoid features and well-organized intellectual defenses and rationalizations. All had regressive longings and had failed to achieve an adult masculine identity. The data suggest an ego or superego defect, or both, in the man with contributions by the wife and daughter, but no specific causal factors were found.

**Further Observations on the Nemesis Concept.** A. H. Chapman. Pp. 720-726.

Chapman has described the nemesis concept as the patient's conviction that he is doomed to repeat the adverse pattern of another, usually a parent. The nemesis fear is rooted in his overwhelming guilt over the parent's death or catastrophic illness when he was a child. It appears as phobic, anxious, obsessive, or psychosomatic symptomatology. The therapeutic task is to trace the origins of the nemesis conviction and deal with the resolution of the patient's guilt.

BERNICE ENGLE

**Psychoanalysis and the Psychoanalytic Review.** XLIX, No. 3, 1962.

**The Need for Insulation in the Schizophrenic Personality.** Hyman Spotnitz. Pp. 3-25.

The author states that the schizophrenic uses the narcissistic defense (a concept developed in a previous paper) against discharge of dangerous accumulations of destructive impulses. He focuses on two aspects of the schizophrenic problem: overstimulation or weakness of the stimulus barrier and inadequate discharge patterns. He adapts the electrodynamic concept of insulation to mental functioning, making reference to Freud's Project for a Scientific Psychology and Penfield's neurophysiological investigations. Schizophrenics use pathological and inadequate forms of insulation against overstimulation and discharge of their destructive impulses. The objective of psychotherapy with schizophrenic patients is to develop 'healthful forms of insulation' and 'appropriate verbal discharge patterns.' Spotnitz conducts the initial treatment of schizophrenic patients in accordance with three general principles: (1) a nonstimulating treatment climate; (2) the patient is not permitted to discharge his feelings into action in the presence of the therapist; (3) the building up and re-enforcement of the ego's insulative capacity. The author describes one of his cases to illustrate how this is done.

**Castration Symbolism in Patristic Thought. Preliminary Studies in the Development of Christianity.** Roland Wolf. Pp. 26-38.

The early Christian church, in its struggle against the deviationist Gnostic movement which aimed at substituting rationality for faith, produced two great men, Tertullian and Origen. The author concludes from an examination of the work and lives of these two men that the manner in which they dealt with the Gnostic movement was determined by their respective unresolved œdipal problems. Tertullian sacrifices his intellect out of fear of gnosis and becomes a man of feeling, while Origen, a sensualist, becomes a scholar. The mechanism involved in both cases is one of symbolic self-castration.

**Scorn, Disillusionment, and Adoration in the Psychotherapy of Schizophrenia.** Harold F. Searles. Pp. 39-60.

Scorn, so frequently the predominant feeling expressed by schizophrenic patients at the beginning of psychotherapy, is a defense against positive feelings which are too dangerous to be expressed because of very early, unsuccessfully handled, disillusioning experiences. The author traces the role of adoration and disillusionment in early ego development. In the schizophrenic, disillusionment with the mother occurred too early and was too great to be integrated by the developing ego. In psychotherapy with schizophrenic patients, scorn, disillusionment, and adoration occur in this sequence in both patient and therapist. Successful treatment depends on the therapist's ability to work through his own experiences of disillusionment with his mother. The patient-therapist symbiosis, after it has reached the mutual adoration stage, becomes resolved by the patient's gradually developing autonomy, made possible by the therapist's availability to and acceptance of the patient.

**A Further Clinical Illustration of the Paranormal Triangle Hypothesis.** Herbert S. Strean and Marie Coleman Nelson. Pp. 61-76.

The authors present material from supervisory and therapy sessions to demonstrate the patient's unconscious awareness of the relationship between the therapist and his supervisor. The material is so striking that the authors anticipate scepticism on the part of the reader. But they feel the precautions taken in regard to the recording of the material and observations of and communications to the patient were so thorough that consideration of the paranormal hypothesis as an explanation is justified.

**The Dual Meaning of Human Regression.** Joost A. M. Meerloo. Pp. 77-86.

Regression may not only lead to decline and degeneration, but may also be a necessary phase of retrogenesis. Developmental differentiation and specialization of function may be given up in the service of regaining new potentialities for adjustment. The author uses many examples to discuss regression in the experimental, therapeutic, and catastrophic setting. Regression can be a protective encystation in situations of intolerable stress and lead to regeneration with a feeling of being newborn under favorable circumstances. One can differentiate between phylogenetic regression, in which more archaic biological patterns, and ontogenetic regression, in which more infantile personal patterns are resumed. Many psychosomatic reactions involve both types of regression. Collective versus personal regression and how they relate to sociopolitical problems are discussed.

**Holiday, Symptom, and Dream.** Jean B. Rosenbaum. Pp. 87-98.

The paper includes a historical discussion of the Thanksgiving holiday as well as interpretations of many symbolic meanings of the turkey feast. Intensified family contact and the totemistic quality of the feast are responsible for the upsurge of œdipal strivings. Since this holiday serves as a strong stimulus for oral regression, the phallic strivings are expressed and defended against in oral terms. Illustrative clinical material is offered.

**On the Psychological Absurdity of Existential Analysis.** Benjamin Wolstein. Pp. 117-124.

The theme of this paper is that existentialism is, philosophically, a theory of being without meaning and, psychologically, an analysis of experience without therapy. It has no relevance to psychoanalysis or any scientific study of man. Wolstein suggests that the absolute immediatism of existentialism is a massive defense against the horrors of the past and the hazards of the future and represents a flight to irrational despair.

HERBERT LEHMANN

**American Journal of Orthopsychiatry.** XXXII, 1962.

**Crisis in the Children's Field.** Fritz Redl. Pp. 759-780.

In his 1962 Presidential Address before the American Orthopsychiatric Association, Redl challenges the profession to speak out and tell what it knows but takes for granted about children and their service needs. Knowledge must be

translated into action, and toward this end he offers a thoughtful, forthright, and richly illustrated review of the salient problems in the field. This paper is a major work of social analysis and criticism because it considers not only the changing needs of children but also the professional attitudes and practices which impede the implementation of knowledge.

Seven major areas are discussed: 1, collective regressive and primitive defenses against the voice of professional conscience; 2, the negative prejudicial stereotypes directed against children; 3, community diseases including the guilt-free failure to implement high-powered model programs, interagency jealousies, and interdisciplinary jurisdictional disputes; 4, abuses in research practices arising out of administrative attitudes including government financing (he cites the greater conscientiousness about computers over facts, the misuse of 'control groups' and 'hypotheses' in research design, and the conflicts between clinical and research operations to the detriment of both); 5, the unfortunately greater emphasis on mental disease rather than mental health at the price of investigating concepts of improvement, the convalescent process in childhood disturbances, and reality environmental factors which are supportive or destructive for the child; 6, professional practices and attitudes which seriously inhibit the training and development of needed personnel, lay or medical; 7, obsolete institutions and practices including 'the Holy Trinity of the Child Guidance Team', orphanages, and foster homes. By contrast, concerning 'fads', he singles out pharmacotherapy for this caustic statement: 'There is a difference between the thoughtful and judicious use of drugs within the therapeutic process on the one hand, and Chemical Warfare against the American Child on the other. The two are not the same.'

**Intensive Psychotherapy in Relation to the Various Phases of the Adolescent Period.** Peter Blos. Pp. 901-910.

Taking an optimistic view of the possibility of intensive therapy during adolescence, Blos sets out to provide a balanced discussion of those factors which complicate successful treatment. Specific modifications of technique are necessary and derive not only from an understanding of certain general features of the adolescent process, but more significantly from an understanding of the distinctive epigenetic phases of adolescence which can be characterized by typical drive and ego organizations and the phase specific tasks involved. The author cautions that adolescence is not only a repetition on a higher level of early childhood development but is also concerned with psychic transformations and forms of conflict resolution which have implications for rational therapy. Chronological age is the most unreliable indicator for determining the developmental or psychological position.

The aim of therapy is to restore progressive development, and a rational therapeutic approach is based on an accurate developmental diagnosis. Technical considerations are discussed in terms of a preparatory phase, activity versus passivity on the part of the therapist, the sex of the therapist, and counter-transference factors. The importance of phase definition in planning intensive therapy is illustrated in male and female preadolescence.

PHILIP SPIELMAN

**Archives of General Psychiatry.** VII, 1962.

**Fear of Vocational Success.** Lionel Ovesey. Pp. 82-92.

Avoidance of vocational success is viewed as a phobia and is described from the adaptational point of view. The essential failure is an inhibition of aggression. The significant person from whom retaliation is feared by patients of both sexes is seen as the male. Sibling rivalries are fully as instrumental as œdipal rivalries. The personality revolves around the paranoid-depressive-obsessive axis in which the paranoid trend predominates and projection is the main defense mechanism. Six clinical cases are reported at some length in support of this hypothesis.

**Improved Visual Recognition During Hypnosis.** Gilbert Kliman and Eugene L. Goldberg. Pp. 155-162.

Normal subjects were hypnotized and tested tachistoscopically to determine whether visual recognition was altered. The authors expected that hypnosis would alter perceptual defenses and thus lead to measurable alterations of recognition thresholds. The results bore this out. There was a lowered and narrowed range of thresholds for visual recognition during hypnosis. This was particularly true of words originally of high threshold. It is implied that this was made possible by a cessation of censorship during hypnosis, thereby making attention cathexis more impartially available.

**An Exceptional Transference in Psychotherapy.** George A. Richardson. Pp. 182-192.

The exceptional transference here is a seeming transference neurosis established during psychotherapy consisting of fifty-two interviews over a period of one and one half years. A strong ego in an intelligent man, psychologically minded but psychologically uninformed, apparently made this possible. It is stressed that in psychotherapy, too, transference can be utilized well and much insight can be attained, leading to real ego alterations. Thus, the author opposes the inclination among psychotherapists to abandon the transference, which seems to be regarded as a cumbersome, unfortunate by-product of treatment by those who would manipulate the transference rather than utilize it.

KENNETH RUBIN

**Journal of Nervous and Mental Disease.** CXXXV, 1962.

**Samuel Johnson's Accounts of Certain Psychoanalytic Concepts.** Kathleen M. Grange. Pp. 93-98.

Whether or not this eighteenth century Englishman had any direct effect on Freud's thinking, he did describe clearly such psychic structures as the ego, superego, and unconscious. In addition, examples are given of his recognition of poor reality testing, inadequate identity formation, and repression. It is suggested that Johnson's writings may continue to have relevance and that they serve to focus attention on certain deficiencies in the modern viewpoint.

**New Findings Relevant to the Evolution of Psychosexual Functions of the Brain.** Paul MacLean. Pp. 289-301.

In this fascinating paper the author combines research data and speculations to elucidate some of the findings on the neuroanatomical bases for sexual, oral, and aggressive functions. In the squirrel monkey, the findings suggest that thalamic structures involved in ejaculation and genital sensation lie close to and probably articulate with those that are nodal to penile erection. Parts of the amygdala are involved in oral functions. These are close to the structures mentioned above. Stimulating parts of the amygdala leads to both oral and erectile responses, thus attesting to the close organization of oral and sexual functions in the brain. There is also evidence that these structures are juxtaposed with those concerned with fearful and combative behavior. These findings may help in understanding the interplay of oral, aggressive, and sexual behavior. Some naturalistic observations on display of penile erection in the squirrel monkey with its connection between courtship and aggression are also linked with Freud's comments on the looking and cruelty components of sexual impulses in children. MacLean suggests the interesting speculation that the use of the loin cloth arose from the necessity in a social group to reduce the tension created by the show of these aggressive impulses.

**The Pötzl Phenomenon Re-examined Experimentally.** Sheldon E. Waxenberg; Robert Dickes; Harry Gottesfeld. Pp. 387-397.

Theories set forth by Pötzl and Fisher were subjected to replication under standardized conditions with a group of twenty-four medical students. They were shown tachistoscopic images for one one-hundredth of a second and it was then suggested that they dream. The testing of the hypothesis was much more rigorous and rigid than that done by Pötzl or Fisher. Judges using the dream complement hypothesis as a guide tried to pair the dream drawing with the original images for each of the subjects. The pairings occurred no more often than might have been expected on the basic random selection. An alternative hypothesis was tested that there would be a similar rather than a complementary relationship between the drawings and the dream report drawing. Again, pairing was on a chance basis. The authors discuss the possible sources of the disparities between the Pötzl and the Fisher findings and re-examine some of the implicit assumptions made by both the earlier papers and some of the unavoidable difficulties inherent in such research.

HARVEY POWELSON

**British Journal of Medical Psychology.** XXXV, 1962.

**Individual and Social Approach to the Study of Adolescence.** Emanuel Miller. Pp. 211-224.

In a broad view of adolescence Miller attempts to portray the interplay of sociological and psychophysical factors with the intrapsychic processes. Of particular interest is a detailed consideration of the timely question of legislative change as a means of easing certain adolescent problems. The ramifications of this issue are extensive: among others, the community's legal responsibility to control

neglectful or cruel parents; the extent of community control over the antisocial adolescent; and the conflict between present laws and scientific findings regarding the adolescent's readiness to assume more social responsibility with less parental control.

The author's concepts and techniques of treatment follow conventional patterns for the most part. For example, he reminds us of the need for a flexible approach because adolescent material is so fluid and points out the necessity for tolerance, understanding, and warmth. He warns of the intricacies and pitfalls in deciding whether to analyze or to support precarious sublimations. He feels it is imperative that treatment have its roots in an understanding of the sociological factors of adolescence as well as in the individual psychopathology. Miller places greater value than most on the use of written communications of adolescents for treatment purposes as well as for building a general understanding of the adolescent. It is his opinion that this written material, including letters, poetry, and diaries, is valuable second only to the raw material of psychoanalysis. The material represents stations on the road from quasi raw material of free association to secondary elaboration and efforts at sublimation. Another difference in emphasis is in his recommendation for group therapy. He believes it to be of value for some adolescents, especially where a fear of alienation can be alleviated by meeting their image or some instructive variant of it in a group.

**Sleep. A Bibliographical Study.** Vamik Volkan. Pp. 235-244.

This partial bibliography on sleep includes references to folklore, mythology, ancient medicine, anthropology, biochemistry, psychology, general psychiatry, and psychoanalysis. Many of the references are classical works. The paper is intended to guide those interested in pursuing specialized investigations of sleep.

**The Role of Polymorph-Perverse Body Experiences and Object Relations in Ego Integration.** M. Masud R. Khan. Pp. 245-260.

Following Kris's suggestion that 'the study of specific activities represents an important subject for future analytic investigation', Khan presents his conclusions regarding a specific activity which involves the body ego and expresses a dissociated intrapsychic state in the patient.

This specific activity is polymorph-perverse and is experienced autoerotically and/or with another object. It is the result of ego damage stemming from a particular kind of pathogenic mothering experience. In this group of patients all the mothers are considered to have been adequate for their infants. Their defect becomes apparent when the patient reaches the toddler stage. At this point the maternal inability to withdraw cathexis from the child's body makes it impossible for the child to react overtly with aggression or to experience psychically loss or separateness. Instead, the child develops a dissociation which is manifested clinically as polymorph-perverse sexual activity.

Polymorph-perverse body experiences are regarded by Khan 'as a regressive attempt at the discharge of these affects and a mode of empathy in the service of new perception in order to sort out the confused images, memories, and affects'.

The polymorph-perverse behavior observed in these cases is distinguished from

sexual perversions proper. Though all these patients have intact genital function, the polymorph-perverse body experience turns up in certain regressive moods or tension states which, before analysis, are easily 'forgotten'. In fact none of them sought treatment because of this symptom. Only through analytic work were they able to report these patterns of behavior freely and honestly.

**The Meaning of History in Psychiatry and Psychoanalysis.** Samuel Novey. Pp. 263-271.

Novey believes that there has been too naïve an acceptance of history in psychiatry and psychoanalysis. His view of history is relativistic. While careful regard for past events is essential, one must realize the inevitability of their meaning in relation to events in the present. Although historical data are valuable for understanding the present, this does not suggest that past events can be known in themselves except in a limited sense.

Novey suggests two approaches to the study of this problem: 1, to validate historical figures by different independent examiners of the same family group; and 2, to compare reported descriptions of individuals with actual interviews with them.

He stresses the living nature of history as a continuing part of the treatment process. Without significant change in the patient's image of the historical picture, it is doubtful whether one can say that therapy has been successful. He points out, however, that the modified image can hardly be proved valid any more than the original one, and he criticizes those who believe that such reconstructions are irrefutable. The primary interest in therapy or analysis is not in validating the historical figures in an absolute sense, but in assisting the patient to adopt a more useful view of these historical figures. This is achieved primarily through the transference relationship.

**The Schizoid Compromise and Psychotherapeutic Stalemate.** H. Guntrip. Pp. 273-286.

The schizoid compromise is the position a patient takes between his need for a security-giving relationship and a fear of all relationships as a threat to his separate existence. The result of this compromise is a therapeutic stalemate. The term schizoid is used in a broad sense; Guntrip states that 'all patients are schizoid at the bottom'. The cause lies in a fundamental problem of ego growth and distortion due to early experience rather than one of conflict over instinctual drives.

The author discusses forms of resistance in the schizoid, mentioning the blocked analysis itself as a compromise, the patient's 'management' of the analysis, dreaming which is a schizoid compromise par excellence, and the classical analytic situation utilized as a defense position to mark time. Guntrip feels that classical analysis fails in these cases because it does not go beyond the sexual and aggressive problems by seeing them for what they are, defenses against the deeper problems related to the most primitive fears. Instead of encouraging the patient to believe that the œdipal loves and hates are real feelings transferred from the parents, the therapist should encourage him to

express his 'real feelings'; specifically, that he feels like a frightened, helpless child, needing the analyst yet fearing rejection.

**On the Ontogenetic Hierarchy of Paternal Identification Systems: Some Normal and Abnormal Aspects.** Egon Plesch. Pp. 323-331.

Plesch feels that this subject has not received the consideration which its clinical and metapsychological significance merits. This defense mechanism is based on a developmental hierarchy of identification systems associated with the concept of the father. The structure of these systems is explained in terms of the oral, anal, and genital roots. The systems also serve as part of the normal structure, dynamism, and economy of the self system. They can be traced through the evolutionary stages of man and may be found even in animals in rudimentary form, suggesting a genetic continuity.

This defense mechanism protects the individual against paranoid experiences and a sense of inner void. In the normal state it operates at virtually unconscious levels and performs a totally different function. It is suggested that the identification systems are involved in the organization of experience. Evidence also points to the conclusion that they contribute to creativeness of thought through cross-fertilization of 'object' and 'subject' percepts.

Plesch illustrates his thesis with clinical data from his own cases and from a study of Oscar Wilde's autobiography.

**The Origin of the Need to be Special.** Peter Lomas. Pp. 339-346.

A large group of patients have an unhealthy and disabling wish to be special. The original trauma to which they have been subjected can be described as a failure of the mother to respond appropriately to the patient's need for individuality. The result is a need to establish a special relationship with the mother in which the child feels valuable only because of this relationship; it is then carried over into all his other object relationships.

Following a case presentation, Lomas attempts to separate from a vicious circle of interacting factors those elements he feels are responsible for this need to be special. A few of them are: a strong tendency to narcissism, a rigid family structure, and a preoccupation on the part of the mother with the patient's existence and functioning rather than simple acceptance of him.

If, as a result of these factors, the child develops a pathological craving for recognition, the results are personally destructive unless, through unusual talent or fortuitous circumstances, he is able to achieve a special place. In such cases the disturbance may pass unnoticed.

RICHARD M. GREENBERG

**Revista Uruguaya de Psicoanalisis.** IV, 1961-1962.

**Psychoanalytic Study of the Actor and His Character.** Laura Achard Arrosa. Pp. 389-416.

An attempt to demonstrate how the actor elaborates the character he is representing leads to five important points: the different stages by which the character is elaborated; the particular means of identification used by the

actor; authenticity in the character and its creation; the interplay between the character and the actor; and finally, the creative act in and by the actor. The author arrives at two fundamental aspects of the creative process. One is that an actor who has talent, no matter how neurotic he may be, will not deny, disassociate, or repress the character, but rather assimilate the total picture in such a way that the actor can tolerate his own difficulties and subordinate them to his creative need. The other fundamental aspect includes the specific type of identification based on the ability to project and identify totally and/or partially; the partial introjection and identification with more than one character in the play; and the ability to identify with the denied part of the self, to use all the elements of the projection, and finally, to achieve a complete synthesis.

**Adolescence.** Mercedes and Hector Garbarino. Pp. 453-464.

The basic problem of adolescence is the re-resolution of the œdipus conflict. The adolescent is forced to relive what took place in the first four or five years of life. The anxiety produced is coupled with incest masturbatory fantasies which increase his feelings of guilt. As a means of defense the adolescent may be shy and retiring, 'almost a stranger in his own house'; or he may become frankly hostile, showing contempt for and laughing at his parents. The adolescent may choose to compete in sports as a symbolic fight against the parent of the same sex. At other times troubles between mother and son or father and daughter may cause pathological and defiant behavior toward the other parent. For the girl, things are complicated by menstruation, which should be accepted normally as a fulfilment of her femininity, but more often is experienced as punishment for masturbation and/or the incestuous fantasies attached to it. To fulfil his role, the adolescent must adapt himself to the adult world by surpassing infancy and facing again the basic infantile conflict, the œdipus complex. This will be aggravated if either parent is still harboring his own unresolved œdipus complex.

GABRIEL DE LA VEGA

# NOTES

## MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

December 17, 1962. THE DREAM OF REASON: PROPAGANDA SYMBOLISM IN THE FRENCH REVOLUTION. E. H. Gombrich, Ph.D.

Professor Gombrich believes, with Freud, that the origin of symbolism is the individual, in contrast to those who subscribe to its origin in the personified collective. This paper includes the larger struggle which, 'stripped of its inessentials, could be called the conflict between the collectivists and the individualists'. The collectivists, who stem from Hegel and the Romantic philosophy of history, tend to personify nations, periods, and movements, and ascribe them to a kind of supermind or a superwill; the individualists, among whom the author includes himself, regard events, evolutions, revolutions, styles, and cultures as results of individual actions and reactions. This implies that all collective manifestations must finally be translatable into individual terms.

To illustrate his thesis the author has selected 'that moment in history in which the rush of collective actions is at its most dramatic', the French Revolution, 'when the pressure of events led to the breathtaking sequence of father-killing, the abolition of God, the reinstatement of religion, the rise of Napoleon, and the Romantic Nostalgia for the past'. Proceeding from Freud's allusion to the psychological significance of this episode in the The Future of An Illusion, he takes up the illusions of the period, and the substitute religion to which it gave rise, citing suggestive analogies between the symbol formations in this collective dream and the workings of the primary process in the individual's dream work. The efforts of the revolutionaries to supplant, through propaganda, the traditionally established ecclesiastic and dynastic loyalties of the people with the new abstract concepts of Reason, Liberty, Equality, and Fraternity did not and could not succeed. 'We are unable to conceive of anything without images. In the most abstract analysis, in the most metaphysical speculation, our understanding can only work with images, and our memory can only support itself and rest on images.' So wrote the spokesman of a committee charged with devising a new calendar. All the artistic forces of France were harnessed to devise emblems and symbols not only of a visual, pictorial nature, but also in music and the spoken and written language. Goddesses and emblems in profusion appeared on the scene, signifying Law, Reason, Liberty, Philosophy, Truth, Morality, Eternity, etc. Turning to the etymology of these emblems and their attributes, the author gives a detailed account of the derivation and historical vicissitudes of that emblem of liberty, the 'pileus', the hat of freedom, now the *bonnet rouge*. Its historical explication is intimately linked with other important elements appearing on the various representations of Liberty and her twin sister, Reason. They are: the tree on which the hat is placed, the scepter, the sun, the eye, and the coiled serpent.

No collective unconscious need be evoked to explain their survival over thousands of years; they can be followed step by step through the usual channels of iconology, and their tenacity is witness to all that is profound, irrational, and

contradictory in the human mind. 'No wonder the cult of reason had to yield to the cult of the *Être Suprême*', the worship of mystery.

The reaction to rationalism, Romanticism, swept across Europe in the wake of the Revolution and exalted the nightside of life and the superior powers of unreason and the dream. Rationalism was dismissed as shallow and opposing forces pressed on against the domination of reason; even submission to tyranny was preferable to the exacting demands of Liberty, Equality, and Fraternity. Goya, who knew all about the nightside of the mind, prefaced a series of disturbing images with: The Sleep of Reason Produces Monsters. Freud would have agreed.

DISCUSSION: Dr. Martin Stein called attention to the parallel between Professor Gombrich's research into visual imagery and the work of the analyst in dealing with the manifest content of dreams. This follows the tradition so brilliantly illuminated by Ernst Kris. The importance of such research could enlarge our understanding of visual imagery whether in dreams or in other conditions involving regression of certain thought processes. The study of visual imagery in a historical context, together with the contribution the analyst can make from the individual one (with its great advantage of fixity in time), may offer a methodological approach for the scientific investigation of complex social and political movements.

Dr. Jacob Arlow found in the material further proof of the well-known phrase that the more a thing changes, the more it remains the same; that what occurred in the French Revolution had happened many times before and was happening even now. The efforts of leaders and artists to create myths by propaganda are doomed to failure and can end only in the creation of a cult. Only when artists and leaders can give form and content to the individual's instinctual needs and direct them toward a common interest can they succeed. He defined a cult as a phenomenon which occurs when an object is offered for the projection of the masses, whereas a myth grows out of the history of individuals and groups.

Dr. Martin Wangh asked if perhaps some common psychological experience of the leaders and the people may not have been an important determining factor in the French Revolution, just as the rise of Hitler may have been prepared for by the experience of the preceding generation after World War I.

Dr. Rudolph Loewenstein suggested that the impact of the dissolution of forces and institutions made a new religion imperative in order to fulfil the deep need of the people for identificatory ideals and symbols. He was impressed with the fact that almost all the figures presented for worship were feminine and thought this could represent the return to the Ancient Mother following the killing of the hated King-Father.

Dr. Gustav Bychowski noted the similarity between the beautiful ideals invoked by the leaders of 1917 and those expressed by Robespierre and others in the French Revolution. He added that with the abolition of the monarchy two phenomena were visible; the regression, especially to sadism (e.g., depredation of the tombs of the kings), and the creation of new ego ideals to fill the vacuum created by the destruction of the old. Dr. Sidney Tarachow emphasized man's

and society's need for ambiguous symbols which are in keeping with man's nature; on the other hand, unambiguous symbols are intolerable and doomed to failure, even though they may achieve some short-term results.

In a brief response, Professor Gombrich agreed with the thesis regarding man's deep need for ambiguity and its importance in symbolism, art, and aesthetics. As to why so many feminine figures were presented for worship, he thought it due to the fact that Latin abstract forms are feminine. He cautioned that there is no way of telling how many are affected by propaganda; many may not have been involved, and the leaders may have overestimated their power. He concluded with the statement that despite the terms and outcome of events of the time, faith in rationality had not completely failed the people.

JOHN DONADEO

January 15, 1963. THE EFFECTS OF PREŒDIPAL PATERNAL ATTITUDES ON DEVELOPMENT AND CHARACTER. Philip Weissman, M.D.

Dr. Weissman traces the development of important personality traits in two patients to specific and vivid types of father-son play which began in the preœdipal period. One became primarily a 'Loser' (L) and the other primarily a 'Winner' (W). The mothers of both are described as having no outstanding neurotic difficulties or severe pathology; they were benign and passive and confined their contribution to nurturing and physical care. The combination of a very active father and a relatively inactive mother seriously diminished the significance 'and crucial role of the mothers in the function of early object relationships and the usual role of both parents in the resolution of aggressive and libidinal drives'.

When the 'Loser', was two years old, the father would encourage the child to rush at and climb over him, almost like an attack. Then the father would call an immediate halt, scold, and force the child to stand rigidly for a long time. This pattern of play continued until the age of five. 'L's subsequent life history elaborated the sequence of omnipotent victory and annihilating self-inflicted defeats.' Although he had great intellectual ability, he sought success in physical triumph and came into analysis because of impending failure in his academic career. He had some singing talent, but defeated himself by unwise selection of incompetent older teachers, one of whom apparently ruined his voice. Yet he imagined himself singing at the Metropolitan Opera not so much with brilliant artistry as with such *power* 'that it would shake the chandeliers'. When he seduced a young woman, a fellow student (he assumed the teacher was having an affair with her), his role became that of a submissive cook, nurse, and secretary to the teacher.

The 'Winner's' father, by contrast, encouraged him to defeat parental figures and break many rules of conduct to insure business success. The 'Winner' came to analysis because he was distressed by a pattern of play with his own daughter from the age of one. He would seize an object in which she showed interest and tantalize her by keeping it just out of reach, until she became frantic. He would then hold it near her, but too tightly for her to take it. When she was almost beyond control and violently attacking him, he would permit her to

take the object from him. Then he would smile and indicate approval of her persistence to succeed. As far back as he could remember his own father had played with him in exactly the same way.

As an adult W married a young woman because her widowed mother owned a piece of property vital to his new business, but which he could not afford. When his mother-in-law sold the property to him at his own price, he deliberately impregnated another woman, and, despite the fact that all parties concerned were Catholic, he convinced them that the only solution was for him to divorce his wife and marry the pregnant girl whom he did not love.

Dr. Weissman cites several illustrations in which from the age of eight W cheated his father—who gave tacit approval—in business situations varying from collecting twice on deposit bottles to complicated business ventures representing thousands of dollars. On out-of-town trips, W used father surrogates to procure women. Sexual relations with them, as with his wife, were unsatisfactory. 'The design of the precœdipal play with the father continued into the resolution of his œdipal conflict. The acting out of complete submission and complete annihilation of the father led to a pattern of overt bisexuality.'

Dr. Weissman emphasized that in the literature there is little written on paternal precœdipal influence. L's relationship to his voice teacher whose pupil he seduced showed '. . . the design of precœdipal play which characterized this œdipal-like situation. . . . His self-inflicted submission was based on a pregenital fear of catastrophic annihilation by an omnipotent parent rather than a castration threat from an œdipal father.' Both W and L had more libidinized object relationships with men than with women. 'Their relationship to the mothers remained undeveloped beyond an oral level, while the relationship with the fathers became accentuated and overinvolved in the precœdipal period.' L's libido was fixated on pursuits in which the aim and object were annihilation of or by his father. W's libidinal development was directed toward the excessive pursuit of inanimate objects: money and power.

DISCUSSION: Dr. Phyllis Greenacre preferred to think of the fathers' actions as perversion with enforced submission rather than play which interfered with normal maturation. She thought the mothers seemed altogether too passive to be consistent with the other material available and wondered whether they might not be rather infantile women with strong penis envy, which had been converted into the demand for an infant for whom they had no further interest once the child was no longer physically dependent upon them. She saw the conflict as phallic rather than œdipal or precœdipal. Neither patient had a capacity for love; both had heterosexual and homosexual contacts. Both genital and pregenital experiences seem to be used in the interest of aggression 'with the aim of completing the image of the self as a powerful man'. The emphasis in business venture and genital equipment is on size. 'The precœdipal disturbances were so prolonged and so binding that the fixation was dominant and the regression minimal. A full-scale œdipus complex then could not develop'—a state of affairs characteristic for the development of perversion, which this may well be even if symptomatic perversion is not evident.

Dr. John B. McDevitt felt that Dr. Weissman went too far in eliminating

the mothers' influence; he called the fathers' actions acting-out rather than play. The paper serves to remind us of the important role a father can take. Nevertheless, he maintained that the adult character and behavior is better understood in terms of the œdipal period because the play continued through that period, at which time the constrictive testing would have greater impact. The pattern of the 'Loser's' need to take and then give back the other woman to the teacher seems primarily œdipal. It is always difficult in adult analysis to know in what phase material originates unless there is clear transference evidence which is not cited here.

Dr. William Niederland referred to these fathers as the 'usurpers' of the mothers' role and compared them to Schreber's father. As a result, the father becomes the overpowering and dominant factor in personality development and character.

PAUL H. BRAUER

January 29, 1963. DEPRESSION AND CLAUSTROPHOBIA. Raymond H. Gehl, M.D.

Dr. Gehl emphasizes the frequency with which claustrophobia and depression alternately occur in the same patient. He investigates this phenomenon in terms of structure and genetics, comparing the two clinical entities to show their similarity. Then he outlines a schematic pattern called the claustrophobic-depressive cycle. Studies by Freud, Helene Deutsch, and Bertram D. Lewin are cited, suggesting the close relationship of anxiety, phobias, and depression. The author presents three case histories.

The first patient came to analysis because of severe claustrophobia. Her life history revealed that the illness began with claustrophobic symptoms but included periods of depression and insomnia. The claustrophobia consisted of a fear of being stuck inside trains, elevators, buses, etc. As a child she was ignored by her mother who favored her brother. At the age of ten she was moved into her parents' bedroom and exposed to their nudity and sexual activity. Two attempts at finding outside interests, love for a dog and interest in movie actors, ended painfully for the patient. Analysis of the claustrophobia showed it to represent a desired haven symbolizing the wish to be nursed and loved by the mother. It was also a potentially frightening place in which the patient feared she would lose all control.

A second patient entered analysis for impulse-ridden behavior, insomnia, and depression. Beneath her frantic overactivity lay a fear of solitude or inaction. Visiting her sick father produced panic with a feeling of being trapped in the hospital room.

A third patient was depressed and felt trapped in any close relationship. During analysis she developed the claustrophobic symptom of being unable to enter airplanes.

Under the heading, The Closed System—A Configuration, Dr. Gehl compares the symptoms of claustrophobia and depression, both of which involve a closed system, creating a disturbed, trapped feeling. Claustrophobia produces a sense of panic; depression results in a loss of the ability to love, a lowering of self-esteem, and self-condemnatory ideas. Respiratory symptoms are common in both diagnostic classifications. However, the claustrophobic, as long as he is

active, has objects on the outside and can isolate the conflict in a claustrum. As Lewin has stated, the claustrophobic can experience anxiety either when he feels locked in (unable to move) or about to be expelled from the claustrum. Being unable to move heightens the fear of attack or loss of ego boundaries. Movement in any direction may bring relief. These themes are worked over by the patient at all psychosexual levels, being symbolized in terms of castration, anal retention, or oral merging, with suffocation, etc. In the depressive phase the passive fears predominate since the system is fully closed.

The author's second heading is Inside the Closed System. The most frequent fantasies in this setting are of the intrauterine primal scene associated with insomnia and are often expressed in passive sexual fantasies, fear of anal attack, or oral incorporation. Rebirth fantasies are active versions of similar fantasies. Both find a point of union in the wish to re-establish life in the Garden of Eden, the happily nursing child who falls asleep at the good breast. This wish is complicated by ambivalence and the split of the object into good and bad representations, which are introjected into the superego and ego. This occurs in both claustrophobia and depression where it disturbs the peaceful haven.

In his third section, Dr. Gehl deals with what he terms the claustrophobic-depressive cycle. He presented a chart showing schematic stages in this cycle. Spreading of the claustrophobia results in panic, with a fear of total object loss; this in turn leads to acting out, guilt, and depression which, if denied, can be further complicated by the presence of somatic symptoms. As agitation and movement recur, the object is recathected and anxiety re-enters the picture.

DISCUSSION: Dr. Howard Schlossman suggested that the claustrophobe and the depressive can also be contrasted in terms of their ego states. In depression the ego is more regressed and passive in relation to drives and superego. In claustrophobia regression is less severe. This fact and the nature of the defenses allow conservation of relatively uninvolved ego function. Reviewing Dr. Gehl's interesting comments on the function of motion in the claustrum, Dr. Schlossman referred to a paper by Dr. David L. Rubinfine which stresses the importance of motion in the establishment and maintenance of reality testing. The case histories reflect the importance of this factor since the depression in each was initiated by some restriction of movement. The specific fantasy of the claustrophobe involves a body-phallus equation with a fear of being crushed by the vagina. Action represents a defense and symbolizes potency.

Dr. George Gero was not so convinced about the main thesis of the paper, i.e., the close relationship of claustrophobia to depression, as he was about the merits of the case histories. Just as a symptom can have various mechanisms and dynamics, it is also true that phobic-like reactions are seen in depressives and that depression is a part of all neurotic illness. In order to distinguish phobic-like reactions from true claustrophobia, the displacement of aggressive and sexual conflicts must be clearly shown. Only when these factors are taken into account and careful studies are made can a clear and intimate relationship between these symptoms be shown to exist.

Dr. Edith Jacobson agreed with Dr. Gero that depression is omnipresent.

To support the thesis of a cycle, an intimate knowledge of the structure of the symptoms and their underlying unconscious fantasies would be essential. She commented that the cycle was appealing, but that the situation may be more complex than represented. She recalled one patient in a deep and immobilizing depression who complained that the apartment was too small. However, in a hypomanic state the patient became active and had to be out of the apartment all day. She then had no such complaints. The question might be, Which of the two phases represents the claustrophobia? Another patient had claustrophobia during a depression. These clinical observations suggest that the relationships may be quite complicated.

Dr. Marcel Heiman suggested that the thesis in Dr. Gehl's paper might be tested clinically by the study of postpartum depressions. A patient who had many miscarriages in the fifth month finally confessed that she had induced the abortions when she could first feel fœtal movements. The frequency of depressions following pregnancy is well known. Less well studied are the cases in which depression lifts when the patient becomes pregnant.

Dr. Mortimer Ostow related the symptom of claustrophobia to similar behavior in animals. For example, dogs avoid closed blind spaces with which they are unfamiliar. Animals develop stress if either isolated or crowded together. The specific relationship of claustrophobia to depression, he felt, had not yet been shown. The common denominator was the shift from object cathexis to decathexis, leading to depression. This could be shown equally well in the hysteric, obsessive-compulsive, or schizophrenic disorders.

Dr. Gehl closed the discussion by giving his further thoughts since the paper was first written. He referred specifically to artificially induced claustral states: Buddhism, sensory deprivation experiments, and the analytic setting.

MILTON MALEV

February 12, 1963. THE QUEST FOR BEAUTY AND THE PITFALLS OF SUBLIMATION. Gustav Bychowski, M.D.

The author presents a pathography of Johann Joachim Winckelmann, leader of the renaissance in the study of classic antiquity in mid-eighteenth century Europe. His life ended dramatically by murder in 1768, in Vienna, while returning to Rome after a brief visit to his native Germany. The murderer, a criminal of lower-class origin, claimed that the great man had befriended him. Winckelmann was then at the peak of his fame, having been appointed Director of Antiquities in Rome, and for the previous two years had been anticipating his return to his homeland with both excitement and forebodings of death.

The only son of a poor cobbler, Winckelmann initiated the science of modern archaeology by his explorations of Herculaneum and Pompeii. He became a leader in the revolution of style and taste, from the existing rococo to the classicism of antiquity, opposing the ideal of simplicity and the idealistic outlook on life to the then current taste for ostentation.

Winckelmann's enthusiasm for beauty in classic art meant at the same time his own love, as he said of the Greeks, for the beautiful, male, human body. The sublime epitome of beauty to him was the Greek ephebus, (a bisexual

type of young man). His great capacity for communicating the joy and beauty in antiquity came about, said Mme. de Staël, because 'he made himself a pagan for the purpose of penetrating antiquity'. According to Pater, 'his affinity with Hellenism was not merely intellectual; that the subtler threads of temperament were inwoven in it is proved by his romantic, fervent friendships with young men'. In one of Winckelmann's letters to a young nobleman, he not only professed his passionate love but explained his desire to instruct the young man in the enjoyment of beauty in classic art as a means of obtaining a lasting union with him. In a letter to another young man who had left him, Winckelmann compared his longing for him to the yearning of a tender mother. His ideas had much in common with those of Plato as set forth in the Symposium and the Phaedrus.

It is probable that in Winckelmann a diffuse skin eroticism progressed toward touch and finally focused on sight. He searched in this way for a mysterious, lost object of gratification in some remote past. In this search he went, on the one hand, toward objects of classic beauty and, on the other, looked for a beloved friend. In his homosexual object choice, he was pursuing a composite image of himself, still in union or reunited with his young mother.

However, it is in the nature of 'passionate sublimation' that it cannot bring the full gratification sought for: in this case not only the exploration of the male body but also the reciprocation of his love and ultimately a deep longing for self-sacrifice. We do not know how far he was able to obtain direct gratification of his homosexual love, especially as we must take into account the high demands of his superego. In reconstructing Winckelmann's final tragedy, the author assumes that the former's wish to return to his native Germany meant the fulfilment of his unconscious wish for reunion with his parents, which he equated with the peace of death. At the same time it would also mean the end of any hope to gratify his more conscious desires for beauty in art or in the homosexual object.

In Vienna he appears to have been depressed, despite the admiration and gifts of the Empress. At this time 'his passive, feminine self took the regressive coloring of masochistic surrender' and the death instinct, previously warded off by love and beauty in the sublimation, gained the upper hand. The self-sacrificial wishes were degraded into the wish for 'annihilation by a true male', also degraded from the previous noble youth to a sadistic brute. Winckelmann courted disaster by inviting physical intimacy and showing off his riches to the villainous stranger.

DISCUSSION: Dr. Edward D. Joseph speculated that the murder may have been committed in passion. In considering the sublimation of the homoerotic tendencies, he quoted Freud from the Three Essays on the Theory of Sexuality: 'This curiosity seeks to complete the sexual object by revealing its hidden parts. It can, however, be diverted ("sublimated") in the direction of art, if its interest can be shifted away from the genitals on to the shape of the body as a whole. . . . There is, to my mind, no doubt that the concept of the "beautiful" has its roots in sexual excitation and that its original meaning was "sexually stimulating".' Dr. Joseph speculated that perhaps Winckelmann's gratification

came, not only from the visual and the tactile sensations in connection with his study of the bodies of Greek sculpture, but perhaps of the genitals on these statues themselves. He also considered that it was possible for actual sexual gratification with other men to have taken place side by side with the sublimation.

Dr. Joseph suggested that two currents of different strengths at different times in Winckelmann's life led to the sublimation. The homosexual urges were stronger when he was younger, and the desire for union with the mother as he grew older. In the final tragedy, we see a breakdown of the sublimation into these component parts.

Dr. Kurt Eissler mentioned several significant aspects of Winckelmann's life. He was born in extreme poverty, and early in life had to help support his parents. He probably had a great fear of falling back into these circumstances. He also probably had a premature ego development and very limited gratification of childhood needs. In his youth, he was a member of a group of boys who sang religious songs for money. They were probably delinquent, so that Winckelmann was at least exposed early to temptations. We know that his father was an epileptic, but not when in Winckelmann's life the fits occurred. In any case, Dr. Eissler pointed out that he was not able to achieve identification with the father. In puberty he acted as manservant for the school principal who was almost blind, 'dependent on the man who was dependent upon him'. This same situation was later repeated when he took a post with the blind Cardinal Albani. The cardinal's death was expected during the time Winckelmann made his trip to Germany.

It is Dr. Eissler's belief that Winckelmann never had a direct sexual experience and perhaps did not even masturbate. His aversion to women is clear; at forty-three he wrote that he would die without sexual intercourse. In considering the theory of sublimation, Dr. Eissler said that difficulty arises when the actual talent and the sublimation available to the ego are no longer able to cope with the elevated demands of the ego ideal. In Winckelmann, the ego ideal made very high and harsh demands. Dr. Eissler also felt that it was not deeply rooted because at no time in his life did he have a father or even a great teacher with whom he could identify. Also, it seems that Winckelmann's originality lay in the manner in which he presented his findings and in his capacity to fascinate others rather than in his discoveries. Perhaps his productivity in this latter area was inhibited by the conflict between his ego ideal and his ego.

MANUEL FURER

February 26, 1963. SOME PROBLEMS OF EGO PSYCHOLOGY. Rudolph M. Loewenstein, M.D.

According to current theory, the energy of the ego derives from a primary noninstinctual source and is employed in the functioning of the primary autonomous ego apparatuses. Ego energy is also derived from the drives, can be neutralized by the ego, and is used in the service of the ego. This neutralized drive energy appears to be the energy with which the secondary autonomous functions operate. Thus all ego functions, phenomena, and

processes are more or less devoid of the characteristics of drive manifestations.

Dr. Loewenstein suggests two additional formulations: 1, the originally noninstinctual energies of the primary autonomous functions continually enrich themselves through accretion, as it were, by means of the progressive neutralization of drive energies which constantly occurs within the ego; 2, variations in the modes of energy employed by the ego; for example, it appears that the energies used in the defense mechanisms are closer to the drives than are the energies employed by the ego in its primary autonomous functions. This has led to the concept of varying shades or degrees of neutralization.

An alternative hypothesis suggests that the drive characteristics of some ego functions may be actual remnants of the undifferentiated phase. At that time the psychic energy is also undifferentiated, having the characteristics of both the future id and future ego. Only after differentiation would the id possess drive energy and the ego noninstinctual and/or neutralized forms of psychic energy. The defense mechanism of identification, which is clinically connected with cannibalistic drive aims, is given as an example of an ego mechanism which seems to retain an underlying drive aim. The anaclitic object choice also can be understood thus, since in this case the direction of the sexual drive is codetermined by ego tendencies or interests. This hypothesis refers only to the undifferentiated phase and is meant to amplify rather than replace the general theory of neutralization which applies after differentiation and formation of the ego. That some ego processes do retain certain drive characteristics may be relevant to further understanding of the nature of intrasystemic ego conflict.

Finally, the author examines the cognitive phenomena of analytic insight as an example of processes which could be better understood by assuming a development from this hypothetical undifferentiated form of energy to a more neutralized one. The cognitive functions as applied to the self in true analytic insight are obviously different from those cognitive phenomena of abstract and theoretical thinking which deal more with the nonself. How can these differences be accounted for? Dr. Loewenstein believes that the clinical approach which attempts to delineate these different forms of cognition on the basis of the economic point of view alone, i.e., the degree or range of neutralization, is unrewarding. Whereas Kris argues convincingly that analytic insight operates with more neutralized energies than the resistances, one has to reckon with the paradoxical clinical fact that intellectualization and abstract thinking can in themselves act as resistances to insight, although they are examples of the very kinds of sublimated psychic activities which both Kris and Hartmann believe operate on a level of maximal neutralization.

The solution may be approached in examining the problem dynamically and genetically. Analytic insight differs from other forms of cognition in that it not only results from but also effects intrapsychic dynamic shifts which are further reflected in personal change. Following the suggestion of Dr. Geleerd that the child's acquisition of objective knowledge of the physical world corresponds to the developmental stage of primary autonomy, the author concludes that the cognitive functions by which both analyst and patient gain empathic insight into human feelings, thoughts, and behavior stem from an earlier period

than the cognitive phenomena of theoretical and abstract thinking which deal with the world of the nonself and inanimate objects. Seen from this genetic standpoint, the earlier stages of intellectual development, as well as empathy and the processes of insight, represent carry-overs of undifferentiated or as yet incompletely neutralized forms of psychic energy. On the basis of these additional dynamic and genetic considerations, the author concludes that the cognition which is involved in analytic insight operates on a lower level of neutralization than other forms of cognition. This study of analytic insight indicates that all ego functions cannot be fully characterized by the economic approach alone; at times supplementation with the dynamic and genetic points of view is necessary. Further, it would seem appropriate to conclude that the levels of neutralization at which ego functions operate are not necessarily maximal but rather optimal in relation to their particular task.

DISCUSSION: There was no formal discussion, although many members made comments and asked questions about various aspects of the paper. Dr. Heinz Hartmann expressed his general agreement that the degree or range of neutralization is difficult to quantify and cannot be explained completely by the economic approach. He wished to state, however, that neither he nor Kris believes that sublimated activities are the expression of the highest degree of neutralization. Nor does Dr. Hartmann feel that the maximum of neutralization is optimal. He essentially agrees with the author that the degree of neutralization is optimal for the function to which it is geared.

NORMAN M. MARGOLIS

## MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

October 15, 1962. THE ANALYSIS OF A TRANSVESTITE BOY. A CONTRIBUTION TO THE GENESIS AND DYNAMICS OF TRANSVESTISM. Melitta Sperling, M.D.

The psychoanalytic treatment of transvestite children and their mothers provides insight into their fantasy life and into the genesis and persistence of their high degree of bisexuality. The mothers of these boys are orally fixated personalities with strong bisexual orientation, who encourage bisexuality in their children. The dominant fantasy of these children, typical of transvestites, is to be 'half boy and half girl'. Oral greed and envy of the woman (mother) with a wish for breasts, vagina, hair, babies, and everything a girl has are outstanding traits. Castration anxiety here derives its intensity and specific quality from unresolved earlier anxieties, especially separation anxiety and precœdipal conflicts. The urgency and impulsivity which characterizes oral personalities are also apparent in these patients.

The patient reported developed overt transvestite behavior at the age of three. He had the fantasy, 'All children are born girls', and would say, 'I, too, was born a girl'. Growing breasts and long hair played an important part in his dreams and fantasies of magical transformation. By equating the (missing) penis with the (as yet missing but later developing) breasts, he could retain the

fantasy of a female penis in a rationally acceptable form. The importance of the penis was displaced to the breast. Since he had a penis and girls developed breasts, he could not only deny castration but support his bisexual fantasy. By wearing his sister's panties under his shorts, he could maintain the fantasy that he was both a boy and a girl.

The equation of the penis with the breast and the emphasis upon the breast is a special mode of dealing with castration anxiety, holding out the promise of gain rather than the danger of loss. To the concept of identification with the phallic mother, considered to be the basic mechanism in transvestism, can be added the concept of the pregenital father, the man with breasts. Both are expressions of the fantasy 'half and half', man and woman in one. In the final analysis, his fantasy and transvestite activities are a result of the child's reaction to the trauma of the primal scene, expressing his feeling that the embracing parents are one person with the attributes of both.

AUTHOR'S ABSTRACT

DISCUSSION: Dr. Ludwig Eidelberg stated that, if perversions were the negative of neurosis, there would be no point in analyzing these patients for their total personalities would have accepted the wishes of the id. The perversion is the result of a complicated defense mechanism. Fenichel spoke of a partial breakthrough of the id. Is it not more correct to say that what appears to be the infantile wish is a defense against another unacceptable infantile wish? He contrasted the fetishist with the transvestite. The former is looking for something magical that the chosen object possesses. The transvestite makes a change in his own self, in his dress. The child wishes to have and to be at the same time. Each infantile wish is characterized by the idea, 'I am the subject and the object'. Dr. Eidelberg doubted that there is a lack of rigidity in the ego and superego of the transvestite. Further, he asked, what was the specific infantile wish which was warded off? Was it phallic, derived from the primal scene, or from an earlier stage?

Dr. Charles Sarnoff addressed himself to the questions, 'When and where is transvestite activity encountered in children? Are these perversions? What predictions can we make about the development of transvestism in adults from its appearance in childhood?' Such activity may appear transiently in excited play, or it may be continuous covert behavior with mother's conscious opposition but unconscious support. Ejaculation cannot be considered the criterion for defining perversion. When, however, transvestite activity in the child is accompanied by excitement and orgastic sensations, or by release of tension and soothing feelings, we may designate the activity as perverse. Such activity points to a bisexual unconscious core fantasy which will appear in the adult neurosis. It provides instinctual gratification and pleases the mother by fulfilling her fantasy of two sexes in one. This diminishes the mother's rejection of the child and concomitantly his own castration and separation anxiety. When such pressures are sustained, the development of adult transvestism becomes likely.

Dr. Maurice Friend noted the paucity of previous literature on childhood transvestism. He wondered about the ultimate development of these cases, do they go on to homosexuality, or is it an early phallic phenomenon? He doubted

that childhood transvestism should be considered a separate entity and did not think it could be explained by regression alone. He considered it to be a manifestation of atypical ego developmnt derived from stages prior to œdipal formation. The transvestite child has the facility for a primitive kind of identification. The boy feels as if he *is* a girl, not *like* one as would be the case after œdipal resolution. When threatened with object loss, the transvestite children in his own study responded with tremendous rage and oral aggression. Dr. Friend questioned Dr. Sperling's concept of the preœdipal father, the possessor of breasts as the counterpart of the phallic mother. He wondered whether this might represent displaced phallic anxiety.

Dr. Sandor Lorand noted that perversions in general begin with attitudes toward the breast and mother, not only the phallic mother but also the 'vaginal father'. A kind of transvestism is normal in that all children play at dressing up.

Dr. Gustav Bychowski recalled the situation which arises at the beginning of the schizophrenic process, when the patient returns to the old bisexual fantasies which have never been abandoned. As a rule perverts come for treatment because of depressions or schizophrenic disorders.

Dr. Simon Weyl remarked on a custom in Dutch fishing villages. While the fathers are away at sea, the small boys are dressed as girls. This seems to be a defense against the œdipus, since as girls they cannot be seduced by nor can they seduce the women. It is a denial of the penis and the wishes connected with it. Many homosexuals show transvestite characteristics in their dress.

Dr. Harold Surchin wondered about the relationship between real-object loss and transvestism. He cited a case where the death of a sister resulted in prolonged transvestism in an adolescent boy. In this case it was based upon an identification with the sister who was preferred by the mother.

Dr. Sidney Tarachow commented that the transvestite plays all three roles in the primal scene. He exhibits both heightened narcissism and a fear of object loss. He is trapped between a pathological identification and an object relationship.

Dr. Sperling concluded the discussion. While this was not a paper on technique, she wished to emphasize the need to maintain an atmosphere of analytic deprivation, i.e., not to allow the children to dress up and act out their transvestism. Only then can the fantasies be brought out and analyzed. Why can the pervert permit gratification while the neurotic cannot? Dr. Sperling believes that this has to do with the child's real experiences. These children have been exposed to specific stimulation and seduction by their parents, especially the mother. What is most important is not the breakthrough of the id, but the structure of the superego. It permits and may even demand such behavior in response to preœdipal parental demands.

ALAN J. FRISCH

## MEETING OF THE ASSOCIATION FOR PSYCHOANALYTIC MEDICINE

January 3, 1963. PERSONALITY TRAITS AND DEPRESSIVE SYMPTOMS IN THE DEAF. Kenneth Z. Altshuler, M.D.

Over the past six years, New York's pilot Mental Health Project for the Deaf has gathered data on the total deaf population of New York State and some

four hundred psychiatric patients. On the basis of these findings, which include intensive interviews of a large-scale random sample of normal deaf individuals, the personality traits of the congenitally deaf and those deafened early in life may be defined clinically: limitations in understanding and regard for the feelings of others (empathy), coupled with inadequate insight as to the impact and consequences of their own behavior, are particularly striking. A generally egocentric view of the world seems to predominate, with an adaptive approach of gross coercive dependence unfettered by excessive controls of conscience. Preferred defensive reactions to anxiety are typified by a kind of riddance through action, often in the form of impulsive behavior, and a relative absence of thoughtful introspection. Simple projection, where failure of an object to provide gratification is experienced as a hostile affront, is also common. Dr. Altshuler presents several case abstracts to bring these interrelated traits into clearer clinical focus and show how they are integrated in the total personality and may limit therapeutic efforts.

The child with early total deafness is not only isolated from auditory stimulation but cannot develop meaningful verbal communication without considerable delay and years of special training. According to John Bowlby, audition is essential in the development of the child's bond to his mother; without it the effect of sound in generating and fostering emotional response is missed. René Spitz considers the appearance of speech to be a primary 'organizer' of the psyche, prerequisite for 'the development of object relationships in the human pattern'. Jean Piaget counts hearing and verbal language as one of the foundations of intelligence. Its absence interferes with the codification and expression of changing age-specific interests, and limits the development of abstract processes that are involved in symbolic recall and deduction of consequences and are required for thinking, empathy, and effective self-control. Histories of the Project's clinic patients highlight the confusion and frustration in parent-child communication, with temper tantrums and prolonged power struggles ensuing in which the uncertain parent generally capitulates.

It appears that developmental experiences of separation, isolation, and confused self-awareness in relation to others are typical of the deaf and interfere with the establishment of firm object relations beyond the level of primordial or delegated omnipotence. In turn, such impoverished object relations, uncertainty as to the consequences of one's behavior, and prolonged power struggles in which the child is often victorious may lead to a weakening of internalized constraints and inhibitions. Unimpeded by ties of loving concern for the welfare of others, coercive rage overflows into action when it exceeds the force of the fear that restrains it.

The majority of hospitalized deaf patients enter because of behavior disturbances, usually described as impulsive and aggressive. The proportions of hospitalized deaf classified as schizophrenic (52.2%) or in the cycloid and involutional group (5.2%) do not differ significantly from the rates found for hospitalized hearing patients with similar diagnoses (56.5% and 8.0%). Nor is there any evidence to substantiate the idea of an increase or decrease in the prevalence of these illnesses among the general deaf population compared with those who hear.

When it comes to symptomatology, however, some noteworthy differences

emerge. Among the hearing, approximately half the cycloid and involutional cases may be expected to have predominantly depressive signs. In marked contrast, there are no manic-depressive depressed cases in the hospitalized deaf group, and only one real depression in the involutional category. Brooding resentment and feelings of helplessness have been observed among clinic cases in the face of family or financial problems or as a result of the inability of the deaf to resolve unconscious conflicts. *However, there have been no reactive depressions of psychotic proportions and only one case of manic-depressive psychosis with a true retarded depression followed by a manic phase.* Of nine clinic cases with involutional psychosis, only two showed any depressive features at all, even such manifestations as expressions of guilt, sin, or self-loathing which may replace symptoms of retardation in the agitated form of this disease. The majority of deaf involutional cases were either predominantly paranoid or distinguished by an anxious, agitated state without depressive features.

On the whole, then, the usual retarded symptomatology of psychotic depression appears to be rare among the deaf, while in observed cases of involutional psychosis, delusions of worthlessness and guilt also tend to be missing. Similarly, experienced workers with the deaf report that normal grief reactions often seem shallow in affect and curiously limited.

The author presents a psychoanalytic interpretation of these findings based on the work of Freud and Sandor Rado.

The essential underlying thesis that internalization of rage is deficient in the deaf person may further elucidate the role of audition in normal personality development.

DISCUSSION: Dr. H. Robert Blank gave several illustrations confirming Dr. Altshuler's findings from his own investigation at a school for the deaf. His observations indicated a prominence among the deaf of egocentricity and impulsivity and defects in empathic capacity, object relationships, abstract thinking, and the ability to postpone gratification. His impression was that the average deaf adolescent was four to five years behind his hearing peers in reading and social behavior, though about equal in motor skills. In comparing the roles of vision and hearing in ego development, Dr. Blank assigned hearing a place between the tactile and visual senses in terms of contact and distance perception. The development of the early 'protopathic' ego probably depends on cutaneous and auditory, as well as oral, stimulation of adequate intensity, frequency, and rhythm. If stimulation is inadequate, the child's receptivity becomes dulled, its output motility is impaired, and the smoothly integrated and interrelated development of all ego functions is hampered. From about the fourth month of life, the increasingly refined and economical visual function assumes dominance in the sensory apparatus and at an early age becomes orally libidinized and aggressivized. As speech, language, and abstract thought develop, the early contact or affective aspect of hearing becomes the increasingly precise register of mother's feelings and the appraiser of the environment's pleasantness or unpleasantness. Because of these qualities auditory introjects are probably the chief source of intuition and empathic understanding. Visual cues may become efficient substitutes for these processes *after they are established,* but

intact vision can hardly take the place of audition absent from birth as fully as hearing and touch may compensate for early visual loss in the development of ego functions.

Dr. David Sobel emphasized the role of sound in the generation of affective response. Citing recent work, he noted that in neonate nurseries one infant's cry can start others to crying, while later a similar contagion of affect takes place between mother and child from auditory, visual, and tactile cues. Dr. Elizabeth Davis suggested the promise of Dr. Altshuler's approach for defining the limits to which experiential conditions might influence illnesses which have a constitutional base. Prevalence studies in special groups such as the deaf could also confirm the importance of these genetic vulnerability factors. Dr. Samuel Feder raised the question whether paranoid features were as closely associated with deafness as is commonly thought.

Closing the discussion, Dr. Altshuler noted that one study has been done along the lines suggested by Dr. Davis. In comparing the expectancy rates for schizophrenia in deaf and hearing siblings of deaf schizophrenics, no significant differences had been found. Both groups, however, had expectancy rates for schizophrenia at least ten times greater than that of the general population. In response to Dr. Feder's question, he referred to surveys of hospitalized deaf schizophrenics which revealed no significant excess of paranoid forms in comparison with the hearing. The stereotype of deafness and paranoid feelings seems generally to refer to adults whose hearing has become impaired. In line with the dependency adaptation in early total deafness, there appears rather often a good deal of guileless trust.

AUTHOR'S ABSTRACT

## MEETING OF THE WESTCHESTER PSYCHOANALYTIC SOCIETY

April 1, 1963. GUILT, SHAME, AND IDENTITY. Edith Jacobson, M.D.

Dr. Jacobson demonstrates that shame can be separated from guilt both clinically and theoretically. Shame arises in reaction to pregenital strivings, especially those that are anal and exhibitionistic. Failure of instinctual controls or physical defects (castration), when exposed, initiate feelings of shame which early become manifestations of an internalized conflict. In contrast, guilt conflicts seem to have a peculiar reference to hostility and harm to others, and to object relations in general. Guilt refers chiefly to verbal criticism (or failure to comply with verbal demands or prohibitions), whereas shame refers to visual exposure. Shame reactions are severely self-annihilating because of their broad basis and the archaic types of anxiety they induce. They may be displaced onto intellectual failures where, however, one can detect that the performance rather than the quality of the content leads to fear of exposure.

'Inferiority' conflicts arise as a reaction-formation to early narcissistic injuries and failures, not to specific instinctual strivings. Essentially, concern with the self distinguishes shame and 'inferiority' feelings from guilt conflicts. Because shame can be somewhat integrated into the complex response of the ego to the superego, shame reactions tend to range between the narcissistic

quality of 'inferiority' feelings and the object-relatedness of guilt feelings. Moral shame frequently arises in adults when they become aware of infantile, especially pregenital, strivings. Characteristically, these feelings relate to the appearance of the self, rather than to the objects of the hostile impulses.

How does the child advance from primitive narcissistic goals simultaneously to realistic, object-directed goals and to the constitution of a mature ego ideal and moral superego standards? By identification, first, with realistic parental goals and achievement standards; and second, with idealized parental images and internalization of their moral demands, prohibitions, and criticisms. The ego ideal and ethical standards regulate sexual and social relations to the object world; ego goals determine mastery of and adaptation to reality in general. When the superego develops, the ego becomes subjugated to its moral codes. During the œdipal period, ego achievements represent the displacement of instinctual strivings to aim-inhibited pursuits. A smooth interplay between superego and ego enables the child to combine the solution of incestuous conflicts with the building of his ego. In adolescence, however, the firm grip of the superego on the ego, and hence of the ego on the id, is loosened, leading to modifications which ultimately permit sexual and ambitious strivings to the goals of the ego—modifications which depend for their success upon a mastering of the adolescent struggle.

Dr. Jacobson describes some potential sources of difficulty: e.g., obvious inconsistencies between the moral and ethical codes of society and values such as monetary success and power. Pursuits which may appear perfectly 'reasonable' from the standpoint of ego-potential and realizability may be the expression of excessively greedy and ambitious aggressive strivings not acceptable to the conscience. High moral and ethical achievements may appear as signs of weakness when evaluated by the ego. More complicated situations arise in cases of regression where unconscious and conscious processes within either ego or superego may clash.

Conflicts between superego and ego, or between ego and id, do not usually lead to feelings of the loss of self either in psychoneurotic or in depressive individuals. In contrast, the loss of self-esteem which finds expression in conspicuous shame and 'inferiority' tends to affect identity much more dangerously. The superego of such patients often shows an infantile rigidity and is prone to rapid regressive deterioration. In certain schizophrenics guilt conflicts recede in favor of paranoid fears of exposure, while shame, self-consciousness, fear of inner object loss, and loss of identity appear characteristic.

Some gifted acting-out patients account for their agonizing anxiety, shame, and inferiority feelings by pointing to high ego ideals. Their so-called ideals prove in fact to be the fulfilment of primitive, narcissistic-exhibitionistic ambitions. These 'ideals' may easily become attached to a prominent or glamorous person. Beside narcissistic attitudes on the parents' part, contradictory emotional and educational parental attitudes cause confusion, isolation, and identity conflicts in latency. These become remobilized and intensified in adolescence, resulting in impaired reconciliation between superego and id. Some adolescents acquire a painfully driving and obsessional superego, structurally intertwined with moral perfectionism; they suffer from superego fears as much as from

social fears. Failure in any area may evoke harassing mixtures of guilt, shame, and inferiority. They commonly display masochistic-dependent trends, depressive states, and covering or alternating aggressive, narcissistic behavior.

DISCUSSION: Dr. H. Robert Blank agreed with Dr. Jacobson's differentiation between guilt and shame, stressing its technical importance in the analysis of masochistic and psychotic characters, and the ubiquitous negative therapeutic reactions. He feels Dr. Jacobson's formulations are relevant to his concept, *the masochistic body-image*. By this term he means self-representation as a thin, fragile shell enclosing emptiness or dirty and destructive contents. With such patients it is essential to recognize the 'global' shame reaction. For them, any revelation, action, or feeling is dangerous; nothing can be exposed; everything good is experienced as superficial, fragile, and false. Both self and object must be protected from the inner rottenness. 'This is primarily a narcissistic ego problem . . . complicated by œdipal and later adolescent conflicts' and the working through of the massive shame reactions must precede definitive analysis of the œdipus. Dr. Jacobson's formulations are also supported by Dr. Blank's experience with congenitally deaf persons who tend to suffer from defects in superego development and object relations.

IRVING HARRISON

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A conference on an ideal training program for psychotherapists was held under the auspices of New York University, with the support of the Aaron E. Norman Fund, March 21-24, 1963. Among thirty-two participating representatives from the fields of psychoanalysis, psychiatry, clinical psychology, and social work were the following: Knight Aldrich, John D. Benjamin, Herbert Gaskill, Lawrence S. Kubie, Lewis L. Robbins, Milton Rosenbaum, David L. Rubinfine, Albert J. Solnit, Robert S. Wallerstein, John Warkentin, and Robert B. White; Sibylle K. Escalona, Robert R. Holt, Margaret J. Rioch, David Shakow, and Milton Wexler; Ruth Fizdale and Charlotte Towle.

It was agreed that current methods of training psychotherapists are unsatisfactory quantitatively and qualitatively. Too many 'psychotherapists' practicing today have only a minimum of relevant training. Conferees were divided as to whether priority should be given to increasing the number of psychotherapists or to improving the quality of training. They agreed unanimously that improved training is needed, and several pilot plans were proposed: 1, an extended program involving at least four years of full-time graduate study and supervised experience, leading to a new doctorate and aiming at the highest level of competence; 2, a briefer and more modest program (about two years) for older students, producing graduates who could function in an institutional setting under supervision, as exemplified in the pioneering experiment by Margaret Rioch and her co-workers at the National Institute of Mental Health; and 3, a school that would offer a training program on several successive levels, the first level bringing the student to approximately the degree of competence described in 2, above; the second producing a 'general practitioner' of psychotherapy with a doctorate and facility in several techniques; and higher levels

of training for research, scientific, and academic careers, or for such specialties as psychoanalysis or child psychotherapy. The point at which training in psychoanalytic technique should be introduced, however, was the subject of considerable discussion and elicited various opinions from those present.

A committee was formed to continue study of the issues opened at the conference, with particular reference to pilot projects. Further information may be obtained from the conference chairman, Robert R. Holt, New York University, Washington Square, New York 3, New York.

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At the annual business meeting of the AMERICAN PSYCHOSOMATIC SOCIETY, April 27, 1963, in Atlantic City, the following took office: Carl Binger, M.D., president; Eugene Meyer, M.D., president-elect; and William A. Greene, M.D., secretary-treasurer. Elected to Council positions were: Thomas H. Holmes, M.D.; Harold Persky, Ph.D.; and Herbert Weiner, M.D.

The twenty-first annual meeting of the Society will be held April 4 and 5, 1964, at the Sheraton-Palace, San Francisco.

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THE FAMILY SERVICE ASSOCIATION OF AMERICA, the national accrediting organization for over three hundred marriage and family counseling agencies throughout North America, will hold a large-scale conference on family life and community needs November 13-16, 1963, at the Sheraton-Palace in San Francisco. Representatives will gather from all parts of the country to exchange views on the theme of the meeting, Strength to Families Under Stress. Dr. William C. Menninger will be the keynote speaker.

For information, contact Mrs. Shirley Soman, FSAA, 44 East 23rd Street, New York 10, New York.

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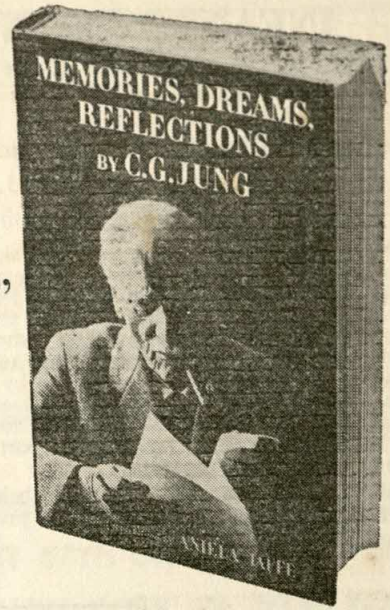


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# DEANIMATION. A STUDY OF THE COMMUNICATION OF MEANING BY TRANSIENT EXPRESSIVE CONFIGURATION

BY JANOS A. SCHOSSBERGER, M.D. (JERUSALEM, ISRAEL)

## THE DEANIMATION SYNDROME AND ITS IMPLICATIONS

The investigation of endopsychic conflict in psychoanalytic practice led us toward exploring ever deeper and more archaic levels of personality. The scrutiny of ego structure and our understanding of defenses, of perceptive and adaptive processes, turned our attention to early object relations. Observation of patients and interaction with them in prepsychotic and psychotic states pointed beyond the interpretation of resistance, transference, and content, to methods derived from direct observation of children, both toddlers and infants. The uncovering of the deepest unconscious layers of personality progressed alongside and together with the elucidation of the earliest stages of infant behavior, including the assessment of the endowments of the neonate. In the present study, clinical observations of a number of years are correlated with our knowledge of the stages of psychosexual development. This leads to conclusions regarding a specific disturbance of ego function and enables us to clarify certain aspects of ego feeling and its variations in the course of psychosexual maturation.

Not infrequently patients relate a peculiar, disturbing experience: people around them seem to have become puppetlike or lifeless marionettes; their movements appear disconnected and devoid of the flowing continuity of spontaneous expression.

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The first section of this paper was read in May 1962, in commemoration of Sigmund Freud's birthday, at the Max Eitingon Institute of the Israel Psychoanalytic Society, Jerusalem.

At times a sense of utter loneliness prevails. Considerable anxiety, occasionally culminating in panic, may be present. They feel isolated in a world of unintelligible, threatening robots. This phenomenon occurs in catatonic and paranoid conditions as well as in prepsychotic, neurotic-depressive, and anxiety states. As a transitory symptom, it may be found in the neuroses and also emerges in free association.

In some cases patients learn to live with this feeling; a chronic paranoid patient remarked that he always felt that way. Or conversely, the feeling may occur suddenly and even precipitate a request for admission to an institution. To one patient the feeling of isolation from those around him came as a flash of insight. In a visionlike, vivid daydream he had seen those dear to him arrayed in a motionless, expressionless phalanx against him. Another patient reflected his mood of isolation in a vision of vessels at sea, immobilized at great distances from each other with communications severed; people around him had strange, unintelligible expressions, and were 'like animals in the primeval forest'. Traumatic separation experiences, early conflicting identifications, and attempts to ward off early incestuous attachments could frequently be related to such feelings of isolation.

The associative material often pointed to primal-scene fantasies or experiences. Thus, a young woman recalled a feeling of 'terrible aloneness, aloneness not loneliness' that took hold of her in childhood, when her parents sent her into the garden so they could talk about things not meant to be overheard by children. There, she found solace in daydreaming: she was an actress, and a famous actor came to fetch her for a ride in his sleigh. Wrapped in heavy clothes, they would journey on and on until in the end they froze to death amidst whirling snowflakes. Actually she lived in a subtropical climate, but she had spent part of the first year of her life in a northern country. She remembered the house in which her later childhood was spent, but she said, 'I cannot remember my parents in action'. Then in a sudden vision, she saw a brilliantly lit skyscraper. She was looking through the windows at the private lives of the

people, but she exclaimed, 'It is unnatural, it is inhuman, they seem to be no human beings at all, only puppets, mechanically moved, with no life in them!'

The patient may feel that he himself has become a puppet. Thus, in a case of agoraphobia in which the symptoms began with the death of the patient's grandfather, the main determinants were death wishes against a younger brother, recurrent separation experiences and primal-scene fantasies associated with them, as well as ambiguous identifications. When his brother, for years his phobic companion, was about to marry, the patient returned for further treatment. He now had an uncanny feeling that his grandfather's ghost was around, full of reproach for not being well remembered. This patient had slept in his mother's bed until the age of two (occasionally later) and had shared his parents' room until he was nine years old; yet he did not recall having witnessed any expression of tender feelings between them. He visualized them each motionless in their bed, as if carved out of wood. In his second treatment he referred to a puppet show that toured the country. He felt that he, too, was a puppet worked by the unseen strings of fate.

An analogous, if opposite role is frequently assigned to pictures and photographs. They are treated as if they were real people and not merely their likenesses. Thus, a paranoid patient complained that his drawings separated him from his fellow beings by arresting their features in expressionless, transfixed rigidity, yet the drawings were his only remaining link with them. He had lost a leg at the age of twelve in an attempted suicide which followed his discovery that an aunt who took care of him had sexual relations with an officer of an occupation army. Primal-scene fantasies and identification conflicts had played a determining role in shaping his personality. As a child he had observed young couples in the doorway of his house. His father had also taken him along on frequent business trips and he had learned of his extramarital affairs. In relating this, the patient would side with his mother. 'She was annoyed because father brought nonkosher meat into the

home.' The ravages of war added to the confusions of childhood. Utterly alone in a dangerous, hostile, and unintelligible world, he ended up by hating all those who should have been dear to him. In a fit of spite he had scattered the family photographs and those of his parents, and had defecated on the pictures before boarding the tramcar for his intended final trip.

In the transference similar phenomena emerge. The analyst's features are frequently misinterpreted and falsely apprehended. The analyst may seem overly benevolent, or cold and rejecting, younger or older than his real age, and the patient often feels uneasy in his unsuccessful attempts to visualize him. After discovering that the expression ascribed to the analyst was merely a reflection of his own mood, a patient remembered that as a child of six he had spent hours at his mother's sewing machine, working the pedal. The connecting rod that turned the crank appeared to him a puppetlike figure, incessantly exerting itself at his behest. He had thought of his analysis as an obligation to be carried out in a similarly helpless, mechanical manner. His early relation to his father, repeated in the puppet play at the sewing machine, recurred in the treatment, transforming him into a mechanical mannikin.

These observations bring into relief a quality, particularly of visual experience, to which scant attention is devoted in psychoanalytic writing. It consists first, in the recognition of fleeting gestures and the transient play of features as expressively significant; second, in the assigning of animated status to the objects from which they emanate. We deal here with an ego function, namely, the *interpretation of transient expressive configurations,* and a specific feeling attached to it at times, i.e., the feeling that the features thus interpreted belong to an animate being.

## THE DISTINCTION BETWEEN ANIMATE AND INANIMATE OBJECTS

The peculiar quality of experience that consists in attributing animation to visually perceived objects is inescapable if,

unduly heightened, it interferes with the rational comprehension of reality. Animation is at times wrongly attributed to inanimate objects. In intoxication with hallucinogenic drugs, a portrait may seem to turn around in its frame or to step out of it. In myths, tales, and drama, the inanimate is made to talk and act, to give guidance and criticism. Stories, which resemble the results of dreamwork, abound in talking horses, cats, frogs, and objects such as Snow White's mirror.

In the theater the spectator is prepared to see the dramatis personae and ignore the personality of the actors who impersonate them. In spectacles such as Don Giovanni, we are prepared to be taken by surprise when one of the singers, impersonating the Commandant's ghost, sings through the statue's mouth. To achieve this, the spectator must first participate in the illusion that the statue, being inanimate, has no business to sing. Only by dint of this first illusion is there anything uncanny about a duet between the statue and his host. The device of animated objects is often made to convey ego-alien experiences or thoughts which the author of the plot assumes would demand ego participation and would be an imposition on the reader or spectator. Thus, Dr. Jekyll is ego-syntonic, Mr. Hyde, ego-alien. In Dorian Gray the conflict is represented by referring the repulsive appearance of depravity to a picture supposedly lifeless, yet in the novel uncannily animated. We are made to feel that the hero may be bereft of his humanity when he preserves the looks of dispassionate youth. When Wittels *(75)* tells us that, to him, Mona Lisa seemed to start laughing at any moment, or when Reik *(61)* says that Freud's portrait seemed to give him an encouraging glance, we see that the projection which erroneously attributes animation to pictures may be acknowledged consciously as a fantasy without interfering with reality testing.

In primitive animism and in the animism of childhood, the scrutiny of reality is less painstaking. In both, inanimate objects are experienced as expressing intentions charged with affect. They convey threats and lures, blessings and curses,

penalties and promises, danger and protection. For the child, things not only look as if they had faces; they actually make faces at him. It is not *as if* they were expressing meaningful communications, they actively convey them. To the child, an object looks happy, angry, or sad, because it *is* happy, angry, or sad. The projection takes place regardless of whether the mood is ego-syntonic or not. The child's own mood spills over and, radiating onto his entire surroundings, seems to emanate from them. This projection in the primitive and in the child does not pick and choose; it affects ideational content indiscriminately, for it is due to as yet insufficiently established defenses and weakly cathected ego boundaries. In certain schizoid states of depersonalization, the ideational content appears in consciousness, but the ego feeling that originally belonged to it succumbs to morbid repression. In paranoid states, the re-emergence of projection indicates a regression to the early conditions of an insufficiently cathected ego boundary. Here established defenses fail or prove insufficient to cope with an unexpected increase in libidinal charge. Accordingly, the projection affects ideational content that can be 'kept out of the ego' by none of the other defenses instituted in the course of development. Thus, projection operates here as a morbid regressive defense and correspondingly distorts reality testing and the perception of the surrounding world.

Endopsychic representation relies on complex, partly eidetic imagery, rooted in the reverberating traces of past experience. Endowed with both duration and change, it is elicited and constantly re-created by reality testing. Simultaneously, it also carries the markings of its unconscious provenience. Synesthetic associations and motor impulse manifestations reveal the part played by gustatory, olfactory, tactile, proprioceptive, and auditory elements in completing the visual representation of endopsychic imagery. They may also serve as indicators of the psychosexual developmental level from which the imagery emerges in free association. The visual field assumes the task of organizing the representations of perception and experience

at an early stage of life. Observations of deep regression as well as experimental results point to the nursing mother's face as an early organizer of the visual field, at a time when the representation of experience is still chaotic. Long before distinguishable objects define themselves as the elements of imagery, and long before their status of nonego or ego is thrashed out by the formation of a separating boundary, communication between mother and neonate is well under way.

The earliest manifestations of the neonate, such as blushing, yawning, stretching, turning the head, or opening the mouth, are interpreted as information on the baby's internal condition. By reacting to the infant as to a source of information conveyed through expressive phenomena, the nursing mother establishes and confirms their communication value even as they are experienced in a primordial and archaic way by the neonate at that stage. Step by step, learning the communication value of the infant's activities, the nursing mother endows them with the selfsame expressive significance that she herself learns to decipher. Thus, it belongs to the earliest experience of the neonate that his activities are reacted to as messages. Indeed, the establishment of communication and the exchange of significant messages occurs earlier than any type of adaptive-manipulative activity, except suckling. Slowly and gradually, in the emerging chaotic nuclear ego at the onset of subjective experience, the infant's motor impulses and the sensory impressions from the mother become intimately alloyed. Projection of subjective experience and introjection of primordial percepts go inextricably together. At the dawn of the baby's awareness of himself as a source of activity, the nursing mother's features are identified in projection and concomitant introjection long before their, or his own, demarcation as a distinctly separate object is concluded.

Later, experience will become associated with feelings that mark its belonging to the ego or its provenience from the environment. Dissociation of these feelings from the remaining elements of experience leads to states of inner or outer estrange-

ment, to symptoms of depersonalization, or to feelings of unreality. The present observations point to a third group of feelings, linked with the awareness that part of the subject's activity is expressive. Their origin can be traced to the expressive interpretative interaction between nursing mother and suckling infant, by which the infant's behavior may elicit a merely manipulative response, but may also be interpreted by the mother as meaningful. Its repetition by the baby then assumes the character of a message. Gradually and purposefully, part of the subject's activity is applied to the end of making himself understood. In part, the expressive activities go back to lingering phylogenetic instinctive action patterns such as feeding, fight, submission, sex, and play *(16)*. The feeling tone, if joined to certain activities, transforms them into intentional messages and communications and may be projected onto the environment. This is demonstrated by the animism of the primitive and of the child. Having discovered in the mother not only an instinctual object but also a source of meaningful, interpretable, configurational messages, the child repeats this feeling in his relation to the outer world. He feels that sun and moon, clouds and trees have things to say to him. In turn, he talks to dolls and flowers as if they too would respond to his communications.

At the stage of primary identification, when the features and activities of the nursing mother confirm and amplify the early self-awareness of the nuclear ego, the projection necessary for the communication between mother and infant is adaptive. Later, the infant's attention turns toward further objects and applies the same projection, which is then recognizable in the phenomena of infantile animism. Instead of remaining in the service of adaptation, it will have to be corrected by the emerging function of reality testing. The environment must then be differentiated and recognized as consisting only to a certain extent of *beings* that communicate their own intentions and the rest, of *things* that do not communicate or respond to communications. Henceforth, the relation to the environment uses

two distinct channels: first, adaptive-manipulative activities concerned with grasping the qualities of things and their reaction to inquisitive investigation; second, the interpretative-expressive ones, aimed at comprehending and interpreting the significance of communicated messages. To these, the reaction may be either a manipulative or a communicative response, or both, and it may also be aimed at eliciting either or both. While manipulative-adaptive activity constitutes a unilateral physical interference with surrounding objects, communicative-interpretative activity rests on the assumption of *reciprocity*. In order to distinguish inanimate from animate objects, yearning for this reciprocity has to be renounced. In this light, infantile animism appears as an attempt to prolong the security of the oral period by maintaining, through a projection now inappropriate, the illusion of reciprocal communication with nature. In this it resembles the hallucinated gratifications that substitute for the absent real ones. Moreover, with the establishment of a self-image, the experiencing person arrays himself among the objects of his environment. As such, he is now receiving messages from himself as well as originating them for communication with others. Thus, the experiences stemming from the ego, associated with the ego feeling that separates them from those of external origin, become further differentiated. Those originating in the ego and emanating from it as messages become distinguished from others belonging to the ego while yet devoid of the expressive feeling tone. These latter are not meant to mean anything even though they are felt to belong to the self. Psychoanalysis may uncover meaning and communication in endopsychic events in which the ego feeling persists in consciousness while the feeling of expressive significance is selectively repressed, for instance, in the seemingly accidental manifestations of acting out, or in postural changes during treatment.

In the course of psychosexual maturation, communicative interaction too is subjected to characteristic vicissitudes. The gradual establishment of reality testing engages some phenom-

ena of anticipation and expectation. Some of these may be observed in a dog on the leash, who reacts eagerly to smells, noises, and sights. Alerted by the dogs, cats, and birds of the neighborhood but foiled in his impulses of pursuit and chase, he will strain and pull at the sight of an empty paper bag, a fluffy rag, or a likely looking stone, as if they too were animals. If free, he could easily find out but the illusion is maintained by an interplay between stirred-up expectation and the restraint of inquisitive action. In children too, expectation may lead to attributing animation erroneously to things. Thus, a life-size doll sitting on a lawn was mistaken for one of the children until it toppled over. The illusion lasted only a few seconds and probably would have ceased soon because of the doll's immobility. Similarly, a little girl of three demanded excitedly to be told who it was who lay on a sofa in an adjoining room, particularly since she had already been told that no one was there. She took her grandmother by the hand and led her to the sofa on which a cello, wrapped in a blanket, had caught her attention. Only when the blanket was lifted did she understand that it had covered a *what* and not a *who*. To place a stuffed dummy under a blanket and thus mislead the guard not only belongs to the stock in trade of slapstick comedy, but also to the actual practice of boarding schools, military units, and mental institutions. The trick succeeds because of the spectator's readiness to foster the illusion. This accounts, too, for the fascination of marionettes and ventriloquists' dummies. In these situations, the discovery of the trick has a characteristic effect on the participant. Disillusionment acts, so to speak, as a joke in reverse. The spectator remains baffled afterwards and somewhat subdued. The exhilarating effect of a joke stems from an economy in countercathexis that is no longer needed to maintain a repression. But here we are led to the conclusion that the opposite process takes place. To correct the impression by which a perceived form affects one as animated, and to achieve the discovery that in reality it is a lifeless object, demands a repressive effort, an investment of countercathexis.

This confirms the earlier stated view of the paranoid, quasi-animistic projection as stemming from a deficiency or failure of countercathectic investment, which leads to a morbid re-animation of reality. When repression fails and prohibited ideational representations emerge in consciousness, the same failing repression facilitates their projection as messages coming from the outer world. Having failed to arrest the 'unwanted' idea at the id-ego boundary, the failing defenses are likewise unable to prevent the projection of the emerging content. The ego boundary, consolidated with the renouncing of the oral yearning for communicative reciprocity, is loosened up in these cases by regression, and the early animistic projection is resumed in a reality-distorting fashion.

Reality testing is only gradually and reluctantly substituted for the pleasure-pain principle of the primary process and of early infancy, to which the projections of animism belong. Even in adult life, the projection of animation occasionally re-emerges. This could be traced to regression *(75, 61)* or to increase in libidinal impulses (doll on lawn, cello under blanket, dummy under cover), or to a decrease or failure of countercathectic defenses (hallucinations, intoxication). Conversely, the normal communicative interaction in which the projection of animation ought to be maintained within the framework of reality testing may be impaired or may cease altogether. These observations point to an attempt to increase the repressing countercathexes. For instance, if a strong incestuous impulse distorts the relation to certain persons, those who come to represent the incestuous object may appear inanimate, 'dead', 'like puppets'. The characteristic syndrome thereby produced may be designated by the term, *deanimation syndrome*, by analogy to the syndromes of depersonalization and of unreality feelings. The psychodynamic imbalance at its source may consist of the above-mentioned increased countercathectic investment that goes with attempts at restoring threatened defenses, or it may point to the lowering of libidinal investment because of an ebbing of the libidinal cathexes in

exhaustion states, and some depressive conditions, or because of a redistribution of the libidinal cathexis in some autistic states. In all these, the deanimation syndrome is not infrequently encountered.

## COMMUNICATION IN THE COURSE OF MATURATION

The interplay between augmented expectation and restrained inquisitiveness observed in the dog on the leash may illustrate the endopsychic conflict in the infant at a time when primal scene or primal-scene fantasies must be faced and worked through. Incessantly striving curiosity, aimed at exploring the human anatomy, the difference between the sexes and its uses, sharpen the infant's perceptive acuity for movement. The desire to remain undetected and the necessity to maintain control (at times precariously) over powerful instinctual impulses correspond to the restraining leash. For the toddler geared to his expectation, the primal scene comes as a shock and the real or imagined course of events in it are often decisive for the later structure of personality and the form and course of neurosis. An instinctual turmoil is released and leads to powerful repressions that utilize the full array of defenses. Denial, upward displacement, transformation into the opposite are common, and partial repressions of the ego feeling as well as disintegrative pathological defenses of the prepsychotic and psychotic type occur. The parents may be recalled only as motionless, separated, and as if carved out of wood. Fork and knife and similar pairs of implements may have to be kept compulsively separated lest their closeness recall the primal-scene fantasy. Displacement upward and transformation of movement into frozen stillness lead to the immobile staring faces in the Wolfman's dream, in which, along with other elements subjected to repression, the animated expression of the features is denied. In exposure dreams, persons that might be expected to react to the embarrassing nudity appear indifferent, expressionless, and impassive. The powerful defenses thus match the strength of the libidinal conflict. Through displacement upward, the

face now symbolizes the genitals. Through transformation into the opposite, vehement movement is replaced by lifeless rigidity. The symbolic equation of genitals with elements of the human face recurs in schizophrenia. It is also acted out in certain perversions. Here, the return of the repressed is bound and fused through the artifice of denying the expressive function as well as identification. Castration is symbolized by deanimating the experiencing subject. In these cases, the complaint is that the patient feels that he himself has become a puppet.

Communication by transient expressive configurations is rooted in instinctive purposeful animal interaction. The expressive-interpretative function becomes independent after partial inhibition of direct instinctual discharge. The original innervations are partly maintained but they are made to convey significant intentions instead of being put into practice as real action patterns. In the infant, too, expressive and reflex adaptive sequences are at first closely linked. The infant reacts to internal discomfort—for instance, a colic—with motility that resembles the later expression of attempts to remove an external annoyance. Oral expressive features, such as opening the mouth if one beholds a beautiful sight or tightening the lips while envisaging a problem, persist into maturity. Later, the anal phase is reflected in sadistic traits of disregarding the expressive significance of the features. Toddler-age siblings manipulate each others' faces and those of elders as if these were objects. Mouth, nose, ear, and eye are lustily explored, signs of discomfort notwithstanding. If, however, the tot is made to understand that he does cause discomfort or pain, he is likely to burst into tears. These, of course, are at best only precursors of later compassion. Here, they indicate a regression to the earlier state of identification with the partner. In this light, the manipulation of expressive features in early childhood is seen as a transitory defense against identification. By a binding of the projection and by an inhibition of the interpretative-expressive phase of reality testing, the ego boundary is secured and consolidated. Thus, prior to the repressions im-

posed by the primal scene, projective-introjective identification is counteracted in the interest of fortifying the ego boundary. This helps to define the individually characteristic self-image as different from the perceived, unconsciously introjected, surrounding images. Gradually, the mastery of the self paves the way for the transition from identifications to imitation. Imitation frequently serves as a defense against identification by displaying mastery over the expressive self-image, for instance, in its aggressive use of derisive impersonation of peers and adults. These activities reach their height in the phallic phase. Their morbid fixation recurs in exhibitionism. The pathological persistence and exaggeration of the anal-sadistic disregard of the human expression manifests itself in the excesses of man's inhumanity to man. Identification is here altogether destroyed. The expression of the victim, his pleadings and sufferings are of no avail. Similar dynamics are brought into play—*mutatis mutandis*—in the treatment meted out to animals slaughtered for consumption as against the relation with household pets. The devaluation of expressive features recurs also in the symbolic equation of the corpse with feces. The clipping of nails and hair and the relegation of feces to the status of repulsive outer objects teach the infant that transitions occur from inner to outer as well as from meaningful to meaningless states.

The course taken by the development of expressive-interpretative activity is related to the dynamics of pictorial representation. The projections instrumental in recognizing animation in one's fellow beings are also used in the interpretation of representational works of art. They are strongly stimulated by figures such as statues, portraits, animated cartoons, comic strips, etc. They sum up and condense the intricately complex relations between model, artist, painting, and beholder. For the comprehension of works of art, perception must be enriched through the projection of space and time elements. A painting spreads in two dimensions only: depth, needed for the illusion of space, is provided by a projective effort of the viewer; time, needed for the illusion of movement and action,

is similarly contributed. Here, the presumed circumstances that led to the depicted situation, and those that it will bring about in turn, are provided by the onlooker's fantasy. Both depth and action are selectively projected. Thus, the figures represented in a painting are easily discernible from figures that appear in a painting on the wall shown within the main painting. This illustrates the quantitative fluctuation of the projections of animation and shows their discerning cognitive role in the service of perception and reality testing. These projections are intensified in toxic and regressive conditions. In primitive animism, drawings assume magic functions. The hunting adventures shown in cave paintings reproduce and evoke vivid eidetic imagery. The elements of action in the depicted scene and its presumed outcome emanate a magic influence on the world by ensuring the recurrence of similar events. Likewise, the magic of fertility rites formalizes the primal scene in order to cast a beneficial spell of fruitfulness; in formal ritual exhibition, the mystery of cohabitation is reenacted and divulged. Ethnic development reflects in these rituals the element of exhibitionistic display of the phallic phase. To be sure, the participants in an imitative ritual are sternly required to perform the fertility rites in representative performance only, so that effective control over the freedom of living experience is never relinquished. They may not always have mustered the necessary repression that separates imitation from identification. This is no less true of the modern version of ritual performance on stage, screen, and ballet. Scandal stirs if those who should merely play-act passionate love identify with their role to the extent of living it out. The spectator, robbed of his assurance that it is all only make-believe, feels exposed to a threat against his established defenses, for he is called upon to rectify the quantity of libidinal flow invested in the projections of identifications by a partial repression.

In magic, ritual, and related performances, animation operates even though it runs counter to reality testing. The opposite process, namely, the deanimation of ritual performances and

pictorial representation occurs whenever, for instance, repetition reduces their expressive value to that of an expectable stereotype. Here, libidinal interest and the regressive movement toward projective identification are not stimulated. The fox terrier on RCA recordings, the roaring lion in MGM motion pictures, the heraldic animals, concert-hall caryatids and trade-mark Samsons are not viewed for their meaningful expressions. The juxtaposition of advertising stereotypes in commercial broadcasting with spectacles that demand a different dynamic balance between repression and regression are, therefore, a source of distress to the viewer. Similarly, the drawings of primitive man were turned from their original magic purpose to that of recording business transactions. With the transition from the nomadic to the sedentary form of life, recorded deals became commonplace and their symbolic representation increasingly stereotyped. Once started, this process was expanded in order to record, convey, and communicate astronomical, natural, and historic events. Pictographic messages demand the investment of considerable fantasy from their readers. Understanding them means to be able to relive their content to a certain degree. In this, it resembles present-day art appreciation. In the course of centuries, pictographs assumed a progressively stereotyped character. Their readers could, indeed had to, shed their erratic emotional involvement. The projections of animated interpretation were curbed, the significance of the pictographic sign became severely constricted and restricted. Magic uses and the opportunity for subjective interpretation were abandoned. Bereft of their representational function, stereotyped and increasingly rigid in shape, the ideograms and finally the characters of the phonetic alphabet retained a severely circumscribed, restricted significance only, as recurring, stereotyped elements of communication. They acquired meaning through the patterning of context. The flexibility of interpretations was then restored with the fluctuations, the transient changes imposed on the pattern within the limits of syntax. Written communication, even though it uses

stable elements, is still ambiguous to a varying degree. It may permit considerable investment of fantasy, as in lyric poetry. It may demand extremes of precision, as in scientific presentations. As a means of transmitting information, it has in large measure superseded the method of direct communication by means of transient expressive configurations that belong to the features of immediate human interaction through touch, sight, and sound. In our times of identity papers, documented findings, and filed records, a deliberate libidinal effort is required if one wishes to regain the direct relation to the human beings represented by them.

The development of the phonetic alphabet is reflected in the personal acquisition of writing and reading and in the dynamics of the latency period. At the first beginnings of reality testing, the projection of animated ego feelings and their inhibition, with its resultant devaluation of expressive features, are still in constant flux. With the added repressions from the primal scene, re-enforced by those of the œdipus complex, a new cathectic balance is reached. The massive repressions that maintain the childhood amnesia provide a permanent countercathexis of the projections of animism. Henceforth, reality testing under the guidance of the secondary process prevails over the magic world of earlier years. Endopsychic imagery acquires the definition essential for the sharper discriminations of the thought process. Precise conceptual patterns are formed by isolating the object representations from their affective element of feeling tones. In detached scientific observation, communicative interaction is substituted by objective nonparticipant measurement. The endopsychic representations instrumental in the adaptive transactions of reality testing have to be separable from the ego feelings that would mark them with inadmissible subjectivity. They also must be kept apart from animistic features. Hence, scientific attempts to comprehend the communications in nature as actively conveyed messages are frowned upon by critics. Such an approach taxes their established defenses. As with the discovery that the love affair

thought to be only a theatrical performance involves the actors in earnest, the critical reader feels his defenses threatened when he discovers that he is exposed to 'getting involved'. He prefers an 'objective' description of animal and human psychology. To him, any interpretation based on assumptions of reciprocity between observer and 'test subject' looks untrustworthily subjective, as if carrying an aura of belief. This uneasiness about anything but 'objective, detached, scientific observation' arises from the endopsychic threat of (libidinal) involvement felt by those who try to maintain an attitude of aloofness regarding the objects of their inquiry. While the problem of objectivity in the exact physical sciences leads beyond the frame of the present paper, the objectivity at times sought in the psychological sciences is an illusion created by 'scotomatization' through repressive processes. To achieve the desired adaptation to reality, this objectivity must be tempered by the knowledge that reciprocity in human relations is an inescapable fact.

At the onset of latency, the complex communication system of spoken language is well developed. The later personality is already recognizable and almost fully preformed. Usually, the latency period is explained as a manifestation of the diphasic onset of sexuality in man. The latter is taken to be an irreducible biological fact. Undoubtedly, physiological and social circumstances express the biological genital incapacity of children at that age. Yet, the somatic sources of libido clearly do not undergo any sudden change just then and, since somatic development makes impressive progress, we may expect the endopsychic aspect of the libido to be active too. Indeed, throughout the period of latency, libidinal forces of tremendous efficiency press on to counter the repressions instituted with the decline and passing of the œdipus complex. Operating since the inception of individual time in the service of communication, they are now bereft of their archaic object. The nursing mother, an active source of information—not of milk only—is now replaced by the objects of an indifferent world. Those that communicate with the child keep the cathexes of

reciprocal identification and the projections that go with them continuously at the critical point. Written language is ideally suited to provide a substitute object onto which these cathexes are now displaced. The three R's—reading, 'riting, and 'rithmetic—are forged into a reliable intermediary for posing questions to nature while yet avoiding the awesome and untrustworthy qualities of an animistic world. The libidinal investment is transferred from the interpretation of transient expressive configurations to the interpretation of stable stereotyped images, the characters of the alphabet. As would be expected, what has been repressed returns in states of regression and intoxication: on occasions, the dead letter is revivified and turns to fiery magic script.

Thus the repression of animation appropriate for sound reality testing is achieved by developmental steps in three stages of psychosexual organization: first, at the time of consolidation of the self-image and archaic, precœdipal reality testing; second, at the period when the inhibitions and repressions from the primal scene hold sway; third, at the ascent of the latency period, when the persistent claims of inquisitiveness and curiosity, stably bound by permanent countercathexis, finally substitute the study of the written word for the facial expression of elders as a source of judgment. Through latency and early adolescence, an unceasing drive to acquire knowledge and accumulate information parallels the striving to expand manipulative skills. Simultaneously, the range, diversity, and number of partners in communication increase. Group processes reactivate identification and regression by intensive stimulation from gangs and other modern versions of the brother-horde. Thus, the ground is prepared for the ultimate re-emergence of the archaic dyadic communication channel. Falling in love restores an interactional relation in which communication by means of transient expressive configurations reassumes its hegemony within the framework of reality testing. However, while in the nursing team the archaic mode constitutes the only viable channel, a pair of lovers, given a reasonable degree

of maturity, now dispose of the full spectrum of communicative potential. Furthermore, with the establishment of a stable link between the mates, a still more primeval system of information exchange is activated. Expressing their unique individual chromosomal pattern through their features, their mutual choice assumes the age-old creative task of starting a new human being on the vagaries of life.

## DISCUSSION

### IMAGERY AND OBJECTS

In the following discussion an attempt is made to clarify some of the theoretical implications tacitly assumed. The clinical examples would of course demand an entirely different frame for an adequate psychoanalytic report. The given details merely show that the deanimation syndrome appears in typical manner in a variety of well-defined circumstances. The reference list is presented without claim to completeness or inclusiveness. Lastly, even though the recognition of animation enlists all the available channels of perception, the visual field receives preferential treatment and the reasons for this are elaborated.

> Let him rejoice who breathes up here in the roseate light! *(43,* p. 73*)*.

The concept of virtual endopsychic objects in the inner, subjective representational process, pivotal in the formulation of psychic reality, leads one to comprehend the processes of libidinal cathexis as a play of endopsychic forces affecting these objects *(34,* p. 346*)*. The same applies for concepts of binding by countercathexis and of repression that excludes these objects from conscious representation, relegating them to the system Ucs and its peculiar rules. The fact that the objects of the real world are thinglike (real), while the endopsychic objects are virtual and configurational, is often inadequately stressed (Cf. *29,* p. 73*)*. Cathexis was compared to the fluctuating, dynamically maintained condition of occupying a province.

It is frequently conceived as being deployed upon the endopsychic object in the manner of occupying forces that hold a territory (*Besetzung, Besatzung*). The real counterparts of these endopsychic entities, the objects and phenomena of the real world in which we live, engage the organism in the interplay of object relations. Psychoanalysis has demonstrated that these operationally real, pragmatically tested transactions, which relate us to surrounding reality, reflect the inner representational counterparts, preformed in previous similar transactional attempts. Feelings, associative connotations, distortions of significance and of perceived qualities, affect the endopsychic object, but only seemingly its outer real counterpart. In other words, object cathexis occupies the inner object only, whereas object relations take place in the interaction between the experiencing subject and the outer real objects that surround him. This discriminating definition is indispensable if the early factors that affect the inner objects are to be elucidated. The formations of inner object representations are amenable to neurophysiological *(59)* as well as to psychoanalytic scrutiny, even though at present the latter is the more sensitive tool. However, in the earliest transactions as well as in conditions different from those for which the concepts of psychoanalytic interpretation were formulated and validated, our ideas will have to be adjusted very carefully to limiting, marginal, and extreme circumstances *(15; 25,* p. 135, ff.).

By and large, our concept of the endopsychic object has borrowed features from the visual objects of daily experience. But, unlike an eidetic image that may have served as its perceptual model to some extent, it encompasses the manifold associative ramifications that link the various sensory, proprioceptive, and sensorimotor channels into an intricately complex network. Thus, in word-representations, the motor sequences from writing, the imitative, ideational movement sequences, the audiovisual elements and the manifold 'clang' elements, and, finally, connotations that link up with preconscious inhibitory mechanisms, determine the matrix to which the unconscious signifi-

cance is connected before the word is understood *(23)*. Moreover, in the course of development, the configurational association of stimuli, excitations, and impulses that constitute the inner representational image is probably centered around a leading sensory channel that corresponds to the developmental level concerned. One may assume that, in the oral period, corresponding to the erotogenic zone appropriate to the level, olfactory and gustatory stimuli constitute the main avenues of sensory input onto which the strongest 'task force' of cathexis is thrown, in order to engage the cluster of sensations that corresponds to the endopsychic object at that stage. The complexity of the processes of experience leads to the danger that, for their adequate description, one would have to use an involved style with mixed metaphors abounding. Yet, simplicity of description may well have to be paid for in oversimplification. The choice of method must depend, therefore, on the purpose of the description. In this, inevitably, our concepts reiterate elements of subjective experience. Just as in the physical sciences, theory at first started with blunt ideas such as force, resistance, output, later gradually was abstracted and refined in arriving at more adequately discerning notions of field, vector, 'wavicle', continuum, etc. A critical review of well-established concepts in any science becomes necessary *(52)* if one wishes to carry them to the extreme of their descriptive and communicative capacity. For the purpose of the present framework, it suffices to define incongruities and ambiguities as they arise and to hint at differentiations possible in existing terminology in order to preserve the keenness of our conceptual tools. Balint *(4)* has discussed the notion of 'objects' and has noted that gustatory and olfactory stimuli are felt as localized 'inside', while visual and auditory sensations are located as coming from the environment. By belonging to the threshold of the inner world as well as to the elements of the environment, sensations in and from the oral region assume a definite task in differentiating between the two *(70)*. One has to keep such associated elements in mind when examining interactions controlled by the visual field.

Visual performance in animals relies in part on instinctual sequences *(67)*. The visual link also helps to mold group behavior, e.g., in shoals of fish or flocks of birds. The direction in which an object is seen to move may determine the meaning given to it. Movement within the visual field attracts attention. A kitten is induced to play with a fluff as long as it is kept moving, but it loses interest if the movement ceases. Insects and small animals save their lives through becoming immobile. Thus, a mouse once took refuge under a wooden trunk in my room. I called my cat and lifted the box on its edge. As long as the mouse remained completely still the cat eyed the field with perfunctory indifference. But as soon as the slightest movement occurred, it darted after its prey, making the mouse flee. This illustrates that moving objects against a fixed background draw attention. The ensuing sensorimotor activity results in 'locking' onto the object, 'framing' it so that it is held in the center of the visual field. By its becoming fixed against the now swiftly shifting background, appropriate action is facilitated. Correspondingly, in the periphery of the visual field, sensitivity for movement is greater, while at its center, discrimination for form constancy prevails. If a constant configuration is spotted, small saccadic movements of the eyeballs maintain it around a central position; hence after one looks at a bright object such as a light bulb, the afterimages appear in clusters. These movements account for the fact that the contours of objects become stressed, being eagerly scanned for straightness and form constancy. If these movements are prevented, scotomatization follows; this accounts for the invisibility of the retinal vessels. To spot an object and to look at it is accompanied by a feeling of concentrated effort. This experience may have influenced our concepts of the hypercathexis of attention. Moreover, the proprioceptive registration of body movements that produce parallactic alterations in the visual image enables us to distinguish immobile objects against a fixed background and to achieve monocular stereoscopic vision. These examples suffice to show that purposeful activity under visual guidance entails a highly com-

plex, multiply coördinated sensorimotor interaction with the environment. Yet it is only a small part of the vast array of activities engaged in reality testing. Nevertheless, it is of paramount importance in flexibly adapted interactions such as driving a car. The driver learns to keep a steady eye on his path of travel in order to avoid the sensorimotor 'attraction' exerted by oncoming and overtaking traffic. The acquired adaptive pattern is substituted here for the involuntary reaction probably related to instinctual remnants of flight and chase sequences that 'tempt' one to 'lock' to the car in front and dart after it. Re-emergence of such archaic transactions may well account for types of accident proneness where, as in the neuroses, regressive patterns take over from rational reality testing. While projected film sequences are successfully used in teaching and testing drivers, the procedure is unsatisfactory for teaching psychotherapy because a multitude of clues, at times of subliminal intensity, is left out. The constancy of the camera angle, too, leads to an impoverishment of informative content, frequently making these spectacles ambiguous. Children are more sensitive to movement than adults. Freud related this to children's increased readiness to discover the secrets of the primal scene prior to latency *(40, 42)*. Incidentally, he refers to 'primal fantasies,' foreshadowing as it were stimulus situations of typical developmental importance at *more than one point* in the course of maturation. 'I believe that these *primal fantasies* . . . are a phylogenetic possession. In them the individual, wherever his own experience has become insufficient, stretches out beyond it to the experience of past ages' *(34,* p. 311*)*. One is reminded here of the newer concepts of imprinting by which innate release mechanisms become activated (Lorenz, in *67,* p. 208*)*. While, from the beginning, movement belongs to the qualities of the visual image, in the adult the discernment of stable configurations and objects prevails over the preoccupation with fleeting change. Nonetheless, the swaying foliage of a tree, a drifting cloud, and even the everflowing brooks and streams are envisaged as coherent units. Also, to a child, perspective dis-

tortion and change will not detract from recognizing the identity of his toys. The early distinction of small objects from parts of the body may rely on their 'dropableness' *(8,* p. 18*)*. The sensation of things in our grasp, related to *how they look,* constitutes a tactile-visual coördination by which our concepts of stable objects are strongly influenced. This integration fails in Pötzl's optic-agnostic aphasia. The wealth of associations gathered into a unity through the common relation to the visual image may be appreciated from cases of blind persons to whom eyesight is later restored *(*von Senden, in *3,* p. 160*)*. The arbitrary demarcation of visual objects in a poorly structured plane surface, such as the Rorschach blots, relies on projections of spatial elements for depth, and time factors for action sequences resembling those required to comprehend pictures and illustrations. This, and particularly the recognition of oneself in a picture, is by no means directly achieved. Primitives, new to the experience, need time to learn it. The projected elements stem from the test subject's past experience, deriving from memories in part unconscious or from their detached fragments, reconnected in relation to the integrating visual field stimulus supplied by the cloudy blot.

The flow of free associations related by the patient by means of the spoken word in psychoanalysis constitutes a report on the emergence of endopsychic, frequently visual, imagery. These actual, or composite, or creatively edited residues of outer reality enable one to reach conclusions regarding unconscious events simultaneously represented or symbolized by them. The endopsychic representational process is engaged here in the integrating task of the ego. Elements of perception, proprioception, memories of activity and experience are linked in associative clusters by the labels and connotations of the audiovisual and sensorimotor configurations of language. These communications elicit in the analyst not only verbal comprehension, but also a corresponding set of imagery of his own making. Referring to his own and to his predecessors' experience, his attention is attuned to significant connections that

evade the patient's awareness because of defenses. In this, the analyst resembles a physicist who imparts significance to seemingly erratic events in a cloud chamber by relating them to his previous experience regarding subatomic processes, or a roentgenologist who interprets cloudy patterns on an x-ray film in the light of former findings. The spontaneous imagery in free association, determined in the absence of reality testing mainly by significant unconscious impulses, reveals the pattern of the patient's primary process. But the analyst, who considers this information in the light of his earlier observations, and who views them in a tried and proven general contest, uses his own imagery that stems in part from his own unconscious sources. He has to distinguish between his own secondary process and its unconscious determinants. Otherwise, representations that symbolize the patient's primary process gain significance by becoming translations of the analyst's primary process *(30)*. Such confused contamination, based on partial identifications in countertransference, engages the analyst's projections in their discharge function instead of utilizing them in their cognitive task. This illustrates the variations of projection serving facultatively in the tasks of defense, cognition, discharge of tension, and communication proper *(51)*.

A peasant, taught to read by Maxim Gorki, 'wondered that the reader sees people, woods, and fields, as if all this were reality. This was magic, he exclaimed!' *(57,* p. 122*)*. Noting the analogy between endopsychic imagery and written script, Freud says: 'If we reflect that the means of representation in dreams are principally visual images and not words, we shall see that it is even more appropriate to compare dreams with a system of writing than with a language. In fact the interpretation of dreams is completely analogous to the decipherment of an ancient pictographic script such as Egyptian hieroglyphs.' He regretted that the experience and knowledge of a linguist was generally not available to the analyst *(31,* p. 177*)*. Discussing the libido in schizophrenia *(34,* p. 366*)*, he remarks that 'the efforts of the libido to get back to its objects, that is, to the

mental idea of its objects, do really succeed in conjuring up something of them, something that at the same time is only the shadow of them—namely, the verbal images, the words, attached to them'. The communication systems of ancient languages show uncertainties that would be inadmissible in modern writing *(13, 14)*. Hieroglyphs were phonetically ambiguous, and even the sense in which they were to be read was arbitrarily decided by the scribe *(67)*. Most irritatingly, hieroglyphic writing dispenses with the separation between words. The apparent ambiguities of the Chinese language, too, resemble the uncertainties of dream imagery. It conveys the raw material of symbolic representation, omitting the structuring relative particles of speech. Similarly, the dreamer beholds only the raw material of 'thought language' (*Denksprache*). Nevertheless, this lack of definition need not and does not lead to real difficulties in understanding *(24, 34)*. These conclusions resemble those of B. L. Whorf *(72)* regarding the Hopi Indian language, namely, that it is an efficient vehicle in conveying meaning with all its peculiarities. (Cf. also F. A. Beach quoting W. Dennis, *67*, p. 59.) The firmly kneaded Hopi syntax evokes the simile of a chemical bond as against the merely mechanical mixture of the standard average European grammar. There is no conceptualization of time, only a participation in becoming, and no appreciation of distance except that embracing expanses of time as well as space. One is reminded of dreams in which spans of time are featured as spatial remoteness. In this light, the discerning of a primary process through the manifestations and beneath the forms of expression of thought resembles a translation from a language that obeys one form of syntax into another language in which a different structure prevails. From the subject-predicate, object-subject structure of ratiocination, it behooves us to retranslate into a submerged idiom that knows no sharp dividing line to define the events of living experience as things, but allows them to acquire and emanate their true meaning by coalescence and irradiation. Reminiscent of those contaminations in which subject and object merge in 'harmonious mix-up' *(4)* and in

which objective entities have not yet taken shape, this idiom is the language of early childhood. It belongs to a lost world that lies beyond the ramparts of œdipal repression, primitive in the sense of individual as well as of anthropological human infancy (*54*, pp. 87-144; *71*, pp. 28-32, ff.).

'... you're so exactly like other people'.
'The face is what one goes by, generally', Alice remarked (*11*).

In free association, the particular regressive level of provenience to which the emerging ideational imagery belongs is often marked by the synesthetic and postural phenomena that go with it (*17*, *18*). Thus, a patient, looking at Freud's characteristic portrait, remarked that the old man's protruding cigar appeared as glowing as his piercing look. Suddenly, he thought of the delicious, refreshing ice-cream cones that his father used to buy for him. He saw himself walking in the street licking his ice cream, some of which would occasionally drop. This sequence of associations corresponded to an attempt to deal with the hot, fiery, and threatening features by replacing them with sweet, cool, and soothing ones at the price of a regression from the anal to the oral level. Vividly felt sensations of mouth and the oral cavity appear in deep regressive states during analysis (*70*). Corresponding to the period of life to which they belong, these phenomena are vaguely defined, insufficiently demarcated, and not always amenable to verbal interpretation. In these circumstances progress in therapy may depend on the analyst's readiness to permit and manage regressive swings. The emergence of archaic forms of transference necessitates a flexible adaptation of treatment technique in order to let the patient re-experience very early life situations under improved conditions (*4*). The regressive aspect may have to take precedence over the somewhat more obvious interpretations in terms of later preœdipal content. Here too, visual imagery, associations of oral incorporation, and projection are closely related. The patient with the ice-cream cone memory suffered from occasional mild attacks of bronchial asthma. Complaining of thirst

and dryness in the mouth, he had a vision of an undefined shiny white object very near his face and a feeling of drowsiness. 'Breast and face are experienced as one and indivisible' *(70)*. 'They do not know whether the nice feeling comes in the breast or in the face' *(73,* p. 5*)*. In deep regression as well as in the early stages corresponding to it, 'overflow is the rule of the hour' *(70,* p. 222*)*. Tactile and visual stimulations are felt by the infant together with sensations in the oral cavity and with the impression of the nursing mother's face. An undifferentiated unity ensues in which any one part comes to stand for the total experience. Moreover, sensations from the labyrinth and the body surface combine with the intraoral ones into a 'unified situational experience' *(70)*. Accordingly, the dream screen may be traced to this composite event, 'which, in the visual field, represents the approaching face of the mother'. Her features provide the visual constituent in this primeval 'synesthesia of many senses'. Much later, as word representations become attached to the visual imagery, the close link between mouth, hands, eyes, and ears in the tasks of speech and language persists. The role of reading music, where word representations have no part to play, demonstrates that the visual field retains a nodal role in the integration of experience, including the expressive-interpretative interactions molded by syntactic rules. These are acquired in the course of a learning process that, originating in the earliest communicative interchanges, can be followed as it continues its unbroken course in the stream of codified knowledge, the arts and sciences. Cherry, who cryptically dedicates his book to Pym, the dog, hopes that the explanation of pattern recognition will be found by starting with 'simple' figures, such as a triangle, achieving in the end an understanding for complex configurations such as a caricature *(12,* p. 289*)*. However, the observation of earliest transactions shows that communication in living organisms is patterned and structured from the outset, relying on transient configurations long before recognition of stable patterns becomes established.

Usually, the course taken by the first experiences serves as a model for the differentiation of the primeval ego from the primordial id. The stimuli, expectably suited to induce gratification by releasing pre-established reflex patterns, such as taking the breast, pave the way for the channeling of the subsequent primordial tension impulses of alerted anticipation. Concerning the very first reactions, such as the stimuli and response of taking the first breath, life itself perishes if it is not met by conditions of the 'average expected environment' *(49)*. If these conditions do not exceed a definite range, their physiological occurrence sets those first traces of experience against which later stimuli may be 'compared'. Absence of appropriate stimulation leads to atresia of the respective transactional channel (Penfield quoted in *3*, p. 160). Its presence elicits the state of activity in the central nervous system that constitutes the precondition for the generation of the drive tension from which the demand for further gratification originates. The autochthonous libidinal impulses are viewed here as having been evoked, facilitated, and made viable by the expectable stimulation. In its absence, they fail to occur altogether. After its first occurrence, the organism is set to function and made capable of starting the process of adaptation by gradually coping with variations in the recurrent gratification, particularly with delay, frustration, and unpleasure. Later, some of these operations will elicit anxiety. Although the mother cannot be designated as an object in the psychological sense for the fœtus *in utero*, the later endopsychic mother image replaces the biological fœtal situation for the infant *(41)*. In other words, the very first transactions in the life of the neonate are already patterned in an intricately complex configurational programming, out of which the virtual objects within the later endopsychic part organizations gradually evolve. The various sensory channels take their turn in contributing by associative accretions toward ever fuller establishment of the endopsychic virtual object representation. From the outset, interaction with the infant develops by way of two distinct modalities, designated here

as the *manipulative-adaptive* and the *interpretative-expressive* respectively. This latter stimulates, maintains, and exploits the symbolic function of the organism. The present study brings into relief the radical difference between our relation to animate objects and thinglike, inanimate ones. However, it also points out the futility of trying to localize the elements necessary for discerning the difference in qualities of the object alone. At its root, the distinction is endopsychic and resides in the *observer's expectations of reciprocity* as against the alternative of discarding this attitude in favor of 'objective' nonparticipant observation.

> Life definitely reveals two categories of people, — artists and thinkers. Between them is a marked difference. The artists comprehend reality as a whole, as a continuity, a complete living reality, without divisions, without separations. The other group, the thinkers, pull it apart, kill it, so to speak . . . only gradually putting it together again. The average person holds a middle position *(58,* pp. 112-113*)*.

The particular character of life and the animated state is occasionally given as the ability to preserve and maintain its own patterns, possibly complemented by teleologic conceptions of self-sufficient purposefulness *(55)* and hierarchic concepts of striving toward stages of maximum organization *(6,* p. 184, ff.*)*. In such attempts to define the animated state in objective terms, an essential further factor characteristic of life and the animated state is omitted. The observer himself is an animated being, and the recognition of another one depends on a relation of reciprocity between the two. In other words, the pattern constancy of the living organism is in the service of a faculty for expression through which the intercommunication between the different forms of life is safeguarded by way of reciprocally interpretable manifestations. Rothschild connects the animated state with the fact that the very architecture of the organism may be viewed as a symbol of its experience. Structure is expressing its own function to the extent of becoming its symbol.

'The central nervous system is a symbol of life experience, developed by nature' *(64,* p. 29*)*. A certain conceptual difficulty arises here from the fact that anatomical structure, being merely a residue of function, lacks the active expressive quality of animated creatures and their spontaneously conveyed messages. Endopsychic phenomena, their structural substratum, and their objective display in living interaction, manifesting the interplay of eros and thanatos, were the objects of scrutiny that led to a formulation of the regulations of subjective experience. 'The problem, formulated by Freud, how such opposing but intimately connected and alloyed primal drives (eros and thanatos) succeed to achieve the observable behavior, turned into the question, how the organism overcomes the contrast between his own animation and his own corporeality' *(65,* p. 70*)*. In a recent exposition of 'biosemiotic', Rothschild surveys the inner and outer communication processes in man as a hierarchy of communication systems, evolved and superposed in the course of phylogeny, and culminating in language, a specific human manifestation. 'Language not only assists in constituting the ego, but it also serves to express this constitution' *(66)*.

Interpretation was raised to the status of a scientific method by Freud *(24)*. Interpreting a phenomenon of behavior or a symptom in terms of its own expressive value, rather than in terms of its meaning within a conceptualized description, constituted a radical departure from nineteenth-century science. Freud was fully aware of the fundamental and revolutionary significance of this step *(38,* p. 238*)*. Nevertheless, the basic implications of this interpretability for the understanding of human communication is not yet fully explored. The analytic situation made reciprocal communication an exception to the rule of reinterpreting the patient's thoughts in terms of the patient's experience only. It stressed the analyst's anonymity and led to a certain delay in the scrutiny of countertransference phenomena. However, as the present study demonstrates, disturbances in the patient's ability to communicate may be part of the patient's symptoms. This in itself is a good reason why

they merit our full attention, since, rooted in faulty early object relations, the failure to communicate reappears in the transference. Communication belongs to the symbolic function of the living organism. It starts early in life, and there are indications that, like other vital functions (e.g., muscle tonus, breathing, or feeding) it too must be activated and elicited by appropriate environmental stimulation. Over and above the transactions and gratifications that keep him going as a physicochemical structure bent on pattern preservation, goal directedness, and the reduction of unpleasurable tension, the neonate is induced to start his own expressive-interpretative activity. At the risk of oversimplification, one may use the formula, that if the mother will not animate the child, there is danger of his developing into a soulless creature. The timing of the appropriate stimuli for the release of the onset of the vital functions is restricted to a comparatively narrow range. It does not seem unreasonable to estimate the expectable stimulations for the communicative functions to occur within the first few dozen hours of life.

## COMMUNICATION AND SOCIAL INTERACTION

Animal observation demonstrates that the imprinting mechanism belongs to the earliest automatic reactions controlled by the visual field. The expectably patterned and sharply timed stimulus achieves a penetrating direct impact *(67,* pp. 221, 227, 233*)*. The organism, as it were, anticipates the occurrence of the appropriate stimulus. It is geared to register it in a flash of conflict-free transaction. Usually these processes are discussed only under the aspect here termed adaptive-manipulative *(49, 50)*. Concepts referring to the inchoate state of the psychic systems will have to reckon with the 'running-in' period of the central nervous system that presets the later faculties at a very early stage *(17)*. The totality of earliest impressions is certainly not entirely amorphous or chaotic. The channels of perception contribute through their pre-established structure toward the sorting out of incoming information and its distribution in the

associative network for processing. Concepts of 'object-formation' were influenced by clinical neurophysiological findings supplementing the psychological view. In aphasia, psychological categories such as mind-blindness encroach on the neurological description *(23)*. Conversely, neurotic reading difficulties, for instance, recall localized neurological disturbances *(62)*. For the comprehension of the earliest phases of psychic functioning, our knowledge of neural function and structure is inevitably called in to round out our notions of the later psychic apparatus in which virtual configurations and images shift and change.

The radical difference between events in the earliest stages and between later transactions is illustrated by the development of anxiety. The autonomous innervations operating at birth are originally adaptive: 'The danger of birth has as yet no psychical content' *(41,* p. 132*)*. In later anxiety, they recur either inappropriately in novel circumstances of danger, or adequately as signals to ward off approaching known danger. Thus, while at birth there occurs a tremendous upheaval of narcissistic libido economy, possibly causing increased organ cathexes in the infant and toddler, anxiety arises only with the further progress of mental development *(41,* p. 137*)*. 'The ego is the actual seat of anxiety' *(Ibid.,* p. 140; *39)*. The inner objects to which anxiety is attached change with the psychosexual phase *(41,* p. 141*)*, but in the infant, the constant recurring precondition for anxiety is the absence of the beloved person whose memory image is strongly cathected 'probably in a hallucinatory way at first' *(Ibid.,* p. 137*)*. 'It is as if the undeveloped creature knew of no better way to invest its yearning cathexes. . . .' Clearly, 'to consider every inborn mechanism an inborn drive would contradict the concept as it is commonly used in psychoanalysis. . . . Strictly speaking, there is no ego before the differentiation of the ego and the id, but there is no id either, since both are products of differentiation' *(49)*. Thus the stimuli that assail the neonate can only be conceived as creating, with the effect of the initial impact, a specific area receptivity. Once a channel of receptivity becomes established, subsequent stimuli

flowing in through that channel become actively discernible in comparison with the original imprinting pattern. 'The first social relations of the child are crucial for the maintenance of his biological equilibrium also. It is for this reason that man's first object relations became our main concern in psychoanalysis. Thus the task of man to adapt to man is present from the very begining of life' *(Ibid.,* p. 31; cf. *17).* 'The normal newborn human and his average expectable environment are adapted to each other from the very first moment' *(49).*

A conceptual difficulty arises here from the competition between two approaches in the observation of the neonate. A similar dichotomy arose above with the psychological and the neurological aspects. Now the conflict derives from having to supplement the objective view by the surmise of the subjective experience in the neonate. This latter rests on observable spontaneous activities of the expressive-interpretative mode of interaction with the environment to which the observer belongs. Thus the outward phenomena that compel us to assume that a psychic organization has started functioning are said to arise around the third month of life *(49,* p. 51, ff.*).* This is in agreement with well-established data *(69; 52,* p. 78*)* showing that 'no other visual percept is recognized or reacted to in the same reliable manner as the human face' *(70).* Yet if one considers the intricate complexity of even such a fundamentally simple reaction as the smiling response, one will have to conclude that from the earliest quasi-reflex transactions onward, a magnificent progress of coördinative and associative organization must have taken place in order to achieve this first manifest signal of social communication.

Suitable observation pushes the timing of the earliest active communicative transactions to earlier and earlier junctures. 'From the very beginning, the baby appreciates the aliveness of the mother' *(73,* p. 48*).* This implies that the problem of the psychic organization *in statu nascendi* will have to be carefully and suitably formulated in order not to distract us from blatantly obvious clinical facts such as the report concerning a boy

whose young mother had helped to establish early contact from the first day of his birth *(Ibid.*, p. 6). After each feeding, he would lie awake in the quiet of the room. 'Before he was a week old, he began to catch hold of her fingers *and to look up in her direction'* (Cf. also Mead, in *67*, p. 227, ff.). Visual fixation patterns are present, if 'uncoördinated and aimless', at birth. 'On the first day of life, incipient fixation of a near approaching object can be observed' *(53*, p. 58). The time of their onset was seen as early as four hours after birth *(48)*.

A challenge for research emerges with these findings in the question: What exactly is the average expected environment for the human neonate? Does an interaction akin to imprinting occur within the first hours of life? The proximity of the mother and perhaps the imprint of a human face may well constitute the primeval message indelibly marked as the backdrop of all human experience. Too little is known of the factors that influence the setting up of earliest communication between the neonate and his environment. The present study indicates that communication starts early, that it is complex from the beginning, and relies on reciprocal interaction using synesthetic configurational messages. The possible single factors are as yet insufficiently investigated. From the rural and primitive circumstances of nativity in the past, a change has taken place in the modern surroundings of glaringly lighted stereotyped cots and cribs. By presetting the organism toward the requirements of later human interaction, the new environment may influence or interfere with the later establishment of communication. Disturbances of the relation with either animate or inanimate objects are known to occur relatively early in life. A three-year-old girl related to only inanimate objects. Her eyes, unfocused, seemed to look through, rather than at, one. 'Her body was flaccid and her voice had a curious sameness, a questioning lilting quality.' In the first twenty-four days of life she had been exposed to severe deprivation followed by intense distress lasting for the first few months *(61)*. Another report concerns a premature infant who became an autistic child. In moments of anxiety, he would turn to bright sources of light as if for

comfort. Unfortunately the full report was unavailable for the present study (Cf. *63*). Edith Buxbaum (*9*) quoted a more recent report from Yale University Clinic of an infant who could relate only to animated beings. This may indicate that children become unable to transfer their relations to the inanimate objects of primary fetishism once their necessary physiological symbiotic relation with the mother is disturbed (Cf. *74, 76*).

At these earliest stages only precursors of later ego feelings can be assumed in the infant. The feelings of animation that belong to the main concern of the present study appear at a later stage than the ability to communicate. This may be assumed since the feelings of animation relate to at least an incipient ego organization, whereas communication operates from the outset. In this context the animated feelings, their projection in early communication, and the beginnings of the ego and of the 'self' that express themselves in the communication appear in their relationship. The self was termed 'a constant in all interchange with the environment. When it disintegrates, the perception of and the relationship with the environment disintegrate too' (*52*, p. 77, ff.). The child's reactions to his own body, e.g., if 'the hand is put into the mouth in order to relieve oral tension', are early observable sequences that indicate the onset of these integrative ego functions. However, this study as well as observation reminds one that, long before motor control serves to reduce tension by enabling the infant to use part of himself as a substitute source of gratification, there operates an integrative factor in the neonate, more reliably constant and focal than the self, namely, the 'incorporated' experience of the total mothering situation, including possibly the visual imprint of the human face (*73*). Our methods of recording, comparing, and following up observations of these stages will have to be adapted carefully to include the observer's activities, since he enters the observed phenomenon in a more than metaphoric meaning of the word.

The same applies in the observation and evaluation of the nursing mother's role in molding the precursors of the infant's personality. The total nursing situation, its personages and

events, constitute a complex unity. This setting is reflected in the earliest impressions, leaving their trace on later development. The entire picture must be viewed as an integral part of the earliest phase of life. Taking the infant out of this context results in observations on an artifact, namely, the isolated infant. Winnicott *(73,* p. 199*)*, who examined these interactions in a different context, writes: 'Every happy person is in infinite debt to a woman. Acknowledging this debt will result in a lessening in ourselves of fear. If our society delays making acknowledgment of this absolute dependence, there must remain a block both to progression and regression, a block that is based on fear. . . . There are therefore good social reasons for instigating research into the very early stages of the infant-mother relationship.' As viewed here, the two blocks of fear operate at the two pivotal points of projective identification: first, the primeval projection that links the neonate to his mother; second, the mature adult identification that could yet unite a true brotherhood of man. The sources of this fear may well reside in the lack of conditions suitable to activate and induce the reciprocal symbol function in the neonate, a function instrumental in establishing the link of communication in the circle as well as in the cycle of life. Balint *(4,* p. 131*)* writes: '. . . all mankind aim at—and are afraid of—the same ultimate satisfaction, the restoration of the harmonious mix-up with the environment . . .'. Even in ideal conditions, this bond of identification and human communication would have to contend with the destructive forces shown by Freud to be incessantly at work in devaluating and dissolving the human image *(43,* p. 122*)*. 'But in spite of all these difficulties, we may expect that one day someone will venture to embark upon a pathology of cultural communities' *(Ibid.,* p. 144*)*. The scrutiny of endopsychic processes in their relation to behavior in groups and to the general rules of human interaction will have to reckon with the tremendous difficulties of communicating information across the interdisciplinary frontiers. The elaborated results carry the seeds of overconceptualization and overreification. Thus the processes of identification (Cf. *19,*

p. 97) present us with the problem of involving more than one person's endopsychic processes. Reciprocal or complementary role patterning, reflected in people who participate in social groups, is described as taking place in such a way that '. . . corresponding to an external object . . . is an internalized object, . . . the reciprocal pattern is internalized *simply* [italics added] in the sense that it becomes a pattern of organization of behavior' (Parsons in *3*, p. 66). However, 'it is more than just a metaphoric way of saying it. The internalization takes place through a . . . set of images . . . reflected in the unconscious in the form of *actually* [italics added] swallowing the object' (Zilboorg in *3*, p. 66). In this connection, a study on the imagery of Madonna and Child through the centuries was quoted, showing that the represented relation changes with the period in characteristic fashion. Sir James Spence *(68)* wrote: 'The mother and child subject favored by the medieval painters has been replaced by the baby and bottle of the modern photographic poster'. Warning that 'remote results' may derive from artificially disturbing the 'miraculous physiological arrangement' of the earliest period of life, Sir James advocated breast feeding and thought that the family doctor should become a 'focus of education for young mothers', since the problems of child rearing were connected with those of the 'nomadic societies now to be seen in some industrial towns', both forming a challenge to our understanding (Cf. also *56*). This study, too, points to a possible connection between earliest impressions and the conditions of growing stereotypy in social relations. The mechanization of human expression, the anonymity of suffering and of charity, as well as that of destructive aggression, are making of true communication a curiosity, rapidly to be replaced by the merely external mechanics of organization.

> We made the robots' faces all alike!
> A hundred thousand faces, all alike . . .
> . . . it's like a nightmare! . . . *(10)*.

The wealth of personages in E.T.A. Hoffmann's Tales was traced by the poet to the manifold impressions during a journey

in a post coach as an infant still at his mother's breast. Freud quoted this because he felt that it was insufficiently realized that 'the strongest obsessive influence derives from those experiences which the child undergoes at a time when we have reason to believe his psychical apparatus to be incompletely fitted for accepting them' *(47,* pp. 161-162*)*. The term *Aufnahme*, used in comparing this receptivity (*Aufnahmefähigkeit*) with 'taking' a snapshot, effectively conveys the distinction between the earliest 'take' (Cf. 'prehension' [*8,* p. 21]) and later 'perceiving' receptivity. The latter is made discerning by the operation of preconscious defenses, while the former consists in defenseless exposure to and the taking in of impressions that profoundly alter subsequent experience. The creative imagination of the painter, Segantini, also originated in early experience *(2)*. An orphan at five years of age, he had been so weak at birth 'that he had to be baptized before the appointed time'. After giving birth to him, his mother had contracted a weakness from which she later died. Segantini cherished the memory of her image all through life. 'A rose aroused in him a sensual feeling . . . he was overpowered by the vision of a rosy youthful face. . . . A large flower, clearly silhouetted against the bright blue sky . . . grew to gigantic size before his eyes and took on the attractive human forms of a young woman holding a child.' Tracing the deeply regressive ambivalent emotions in the picture, Hell of the Voluptuaries, Abraham *(2)* foreshadowed the psychoanalytic understanding of surrealism. As an instance of sublimation in which the libidinal balance resembles the conditions of the latency period, we know that the early quest for sexual knowledge may turn into a quest for general knowledge, thereby evading repression *(26, 28)*. Carried over into the period of maturity, this would lead to conditions where research would come to replace love. Thus, Leonardo da Vinci's interests 'embraced the entire realm of letters and science'. He was a voracious reader. Later in life '. . . a new transformation came over him. Still deeper layers of the contents of his mind became active once more. . . . With the help of the oldest of

all his erotic impulses he enjoyed the triumph of once more conquering the inhibition in his art' *(28,* p. 134*)*. The sources of art stem from earliest origins. Its creation is complemented by contemplation and appreciation. Freud, admiring Michelangelo's Moses, re-creates the tide of emotion and movement that precedes the attitude immortalized in the sculpture. '. . . An almost oppressively solemn calm emanated from it . . .'. '. . . He has added something new and more than human to the figure . . . a concrete expression of the highest mental achievement that is possible in a man, that of struggling successfully against an inward passion for the sake of a cause to which he has devoted himself' *(32,* pp. 220, 233*)*. The triumph of spirituality over sensuality, the discovery of the mind, the awareness of the animated breath of life, never lost their charm for Freud: 'Now the realm of spirits had opened for man, and he was ready to endow everything in nature with the soul he had discovered in himself. The whole world became animated, and science, coming so much later, had enough to do in disestablishing the former state of affairs and has not yet finished this task' *(47,* p. 146*)*. 'To me it seems just as arbitrary to endow the whole of nature with a psyche as radically to deny that it has one at all. Let us grant to nature her infinite variety which rises from the inanimate to the organically animated, from the just physically alive to the spiritual' *(35,* p. 318*)*.

> *. . . d'humbles marionettes dont le fil*
> *est aux mains de la Nécessité (5).*

The uncanny effect of deanimation fantasies in E.T.A. Hoffmann's Tales derives from the re-enactment of infantile beliefs and wishes together with their talion punishment *(36; 20,* p. 228*)*. Coppelius who works on the hero, Nathaniel, as if on a puppet, unhinging his arms and legs after having magnanimously refrained from blinding him, is the expression of a castration fantasy displaying split-off subsystems of the personality, 're-duplicated, re-edited reincarnations' of the hero's divided father imago: Spallanzani-Coppola. The hero loses true love by loving

but himself in Olympia, the automated doll, a 'materialization of Nathaniel's feminine orientation toward his father in early childhood'. The fleeting return of a rejected opinion originally held in infancy explains the emergence of a feeling tone much better than the 'uncertainty whether an object is living or inanimate, which admittedly applied to the doll' *(20,* p. 230*)*. Other sources of the uncanny, the duplication partition and exchange of the ego and the return of identical features through several generations, go back to times when the ego was not yet completely detached from the nonego. Seen from this vantage point, Schreber's *hingewunderte, flüchtig hingemachte Männer* are understandable as shadowy remnants of former personal relationships *(29,* p. 68*)*. The archaic libidinal upsurge invested in their endopsychic representations transforms the surrounding persons into threatening symbols of instinctual drives. This threat is bound by throwing into action countervailing repressive forces. The resulting libidinal balance is achieved at the price of partially deanimating these bystanders. Should the countercathexis falter or the libidinal onslaught prevail, an experience of disintegration ensues, perceived as the world cataclysm experience, that appears as the alternative of the deanimation syndrome *(29,* p. 73*)*.[1]

[1] I am grateful to Dr. William G. Niederland for calling my attention to the observations of Dr. Margaret S. Mahler on deanimation phenomena in infants and children. Further research may be necessary for a full understanding of the conditions that cause the syndrome to persist or to reappear in the adult. For the problem of libidinal balance in these conditions, *cf.* Elkisch, F. B. and Mahler, Margaret S.: Precursors of the 'Influencing Machine'. In: *The Psychoanalytic Study of the Child, Vol. XIV.* New York: International Universities Press, Inc., 1959, p. 223.

For concepts of the mother-infant symbiosis and the perception of mother's gestalt, *cf.* Mahler, Margaret S.: On Sadness and Grief in Infancy and Childhood. In: *The Psychoanalytic Study of the Child, Vol. VII.* New York: International Universities Press, Inc., 1953, p. 258.

A theoretical survey appeared in the *Symposium on Psychotic Object Relationships.* Int. J. Psa., XLI, 1960, p. 548, ff.

The role of vivid early memories, reproduced in Schreber's psychotic experiences, was expounded by Dr. Niederland. They reflect the severely traumatic father-son relationship, reiterated in the psychotic 'gadget-experience'. *Cf.* The

In these examples [footnote 1], the disturbance of ego feeling manifested in deanimation experiences results from insoluble conflict between part entities demarcated within the psychic apparatus. A similar interpretation explains ghosts, visions, and apparitions *(1)*. These images interact with each other in the manner in which their infantile prototypes were felt to act. The resulting, sensitively variable balance of forces operates in the framework of defense mechanisms. Anna Freud writes: '. . . identification and projection are normal activities of the ego and their results vary greatly according to the material upon which they are employed' *(22,* p. 129*)*. Early in life, projection may operate as a defense *(Ibid.,* p. 55*)*, it may alternate with introjection in the impersonation of the aggressor without identification proper *(Ibid.,* p. 117, ff.*)*, and in puberty, with the consolidation of the inner psychic agencies; it accounts for the brilliantly sharp abstract thought at a time of personal fickleness and callousness. Disclaiming his early allegiances, the adolescent may live with his own family as if with strangers *(Ibid.,* p. 182*)*. This withdrawal from object relations rests on partial repressions (Cf. *28, 46)*. Under the influence of superego conflict, outward affective damping and unstable identification marks the damage in the carrying capacity of the communication channels.

Thus, the endopsychic agencies must have become sufficiently permanent to cause longer lasting disruptions of experiences and perception. Affects and emotions, turned ego-dystonic through the agency of superego conflict, may divest the split-off, partially independent segments of the personality of their animated quality. These more or less coherent parts of the experiencing person, represented as stable inner virtual objects, evoke variations of ego feeling ranging from depersonalization to feelings of unreality and of deanimation (Cf. *74)*.

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'Miracled-up' World of Schreber's Childhood. In: *The Psychoanalytic Study of the Child, Vol. XV.* New York: International Universities Press, Inc., 1959, p. 383, ff.; *Three Notes on the Schreber Case.* This QUARTERLY, XX, 1951, pp. 579-591; *Schreber: Father and Son.* This QUARTERLY, XXVIII, 1959, pp. 151-169.

Freud described unreality feelings that pointed to a personal conflict of this type *(46)* and showed that the elements of perception kept away from the ego in depersonalization stem from inner experience, while those in unreality feelings relate to meaningful factors from the environment. This study traces the impairment of communication in experiences of deanimation to similar partial repressions, namely, repressions of impulses of projection normally generated in the service of identification. Fenichel describes the libidinal balance in depersonalization as 'due to a special type of defense, namely, to a countercathexis against one's own feelings which had been altered and intensified by a preceding increase in narcissism' *(21,* p. 419*)*. The ego feeling forcibly separated from objectionable ideational representations is strongly denied or repressed. He believes repression and projection are related and states: 'Sometimes repressed ideas are unconsciously felt as objects that have been removed from the ego' *(Ibid.,* p. 149*)*. Estrangement and depersonalization are seen to 'represent a reaction of the ego to the *perception* [italics added] of the increase in narcissistic libido' *(Ibid.,* p. 420*)*. A review of concepts of early narcissism would lead beyond the present frame of reference. However, it is clear that one is led to regard the earliest experience as occurring without feeling of localization, within the representational space of 'harmonious mix-up' *(4)* and under the influence of the mother's features as the main structured organizer. From this primeval undifferentiated experience, the ego feeling is gradually built up for those endopsychic events that, by their autochthonous motor control, are felt to originate within the experiencing infant. The ego feeling emerges in the wake of experiences in which the primeval fusion within the common preceptive continuum of mother-child unity recedes in favor of early proprioceptions accompanied by sensations due to the interplay of protagonistic-antagonistic somatic impulses originating within the infant *(39,* pp. 17, 25, 46*)*. Thus the concept that intrapsychic tension is perceived as an 'inside something' before an 'outside something' can be found to quiet

the tension (*21*, p. 35) must be qualified. This study encourages one to stress that both tension and relief occur in the primeval inchoate experience. Only later is the discovery made that part of the experienced events are amenable to the early stirrings of subjective control. These are the sensations from which the ego feeling of later life derives. Thus a primeval archaic structuring process and a minimum of differentiation between the whole of inchoate experience and that part of it which is 'ego' precedes the slightly later state in which the instinctual need is perceived as an 'inner' tension to be assuaged only by an 'outer' object or its hallucinated replacement. 'It may well be that, before its sharp cleavage into an ego and an id, and before the formation of a superego, the mental apparatus makes use of different methods of defense from those which it employs after it has reached these stages of organization' (*41*, p. 164; cf. p. 77, ff.). But Freud noted the specific difficulties in the scientific elaboration of these early feelings; e.g., the feeling of indissoluble bondage to the surrounding world which, for him, had more the character of an intellectual insight, albeit not without a feeling tone to go with it. Comparably, the boundary between the self and the object threatens to dissolve at the height of amorous infatuation. Initially, the ego contains everything (*43*, p. 68). Later, the ego detaches itself from the environment by demarcating the outer world. In many persons the primal ego feeling is preserved as the oceanic feeling. Freud was disinclined to interpret this beyond the longing of the helpless child for his father. Thus the role of the oceanic feeling, perchance to reinstate a condition of unrestrained narcissism, was 'pushed away from the foreground'. For the time being, whatever else (Cf. *44; 45*, p. 226) hid beneath that helplessness remained shrouded in mist (*43*, p. 72). Nevertheless, 'the primal condition in which object libido and ego libido cannot be distinguished' had already been compared much earlier with 'real happy love', a notable source of marked variations of the ego feeling (*33*, p. 100; *4*, p. 131).

Although some earlier ideas will have to be repeated, a re-

view of the processes involved in the ego feeling is now indicated. In the primal undifferentiated state, introjection and concomitant projection of the archaic primordial experience operate in inextricable continuity; introjection, in the sense that the organism is as yet undefended or insufficiently defended against stimulation and its direct impact; projection, in the sense that whatever experience does take place must be conceived as 'located' in the unbounded archaic representational space *(4,* p. 62*)*. Soon, however, there occur in this unbounded 'protopsyche' not only stimuli that originate in the environment and subside on their own, but also stimuli that can be made to subside by felt activities. Gradually these become steered by proprioceptive motor control, the precursor of later coördination. Moreover, endogenous stimuli, unsuitable for tension-free discharge, can only be bound within the organism. Some examples will illustrate these processes. A light, for instance, may come and go. It may also be made to subside by closing the eyelids. Similarly, a pressure felt on the body surface may recede by itself or may subside concomitant to felt motor events. More striking, if slightly more complex, are the sequences of irritation and stimulation in the wake of autochthonous impulses. The infant's nails, for instance, may be sunk in his own cheek. The antagonistic impulse, able to counteract the irritation, proprioceptively registered, furthers the feeling that the whole event is autochthonous. Thus, from the boundless 'protopsychic' representation, the ego becomes differentiated by phenomena of autochthonous restraint of endogenous excitations. For this, the initial projections that suffice to 'locate' the experience in the unbounded protopsychic space have to be controlled by inhibitions. This balanced control of projections constitutes the binding of the ego feeling (Cf. *37,* pp. 30-31*)*. Gradually, the stimulus and impulse clusters are grouped in two categories: first, those where projection persists and the experience becomes located 'there'; second, those where projection is bound, locating the experience as within the experiencing organism. Attention lingers on events

made ambiguous by belonging to both the outer and the inner world; they help to establish a felt boundary between the two groups of stimulation. For a considerable time, the perception of reality continues to rely on projections and introjections, observable, for instance, in the phenomena of ideational motility *(27,* p. 192*)*. For the purpose of adaptation, these mechanisms have to be kept active as well as subjected to partial restraining inhibition. Furthermore, the ordering of sensations through the organismic structure reminds one that, in a certain sense, the psychic apparatus is engaged in the processing of inflowing information. But long before organizing even the earliest archaic perception *(60, 66)*, the organism already by its very existence is expressive of its own condition and generates information coded in the idiom of transient configurations *to which its average expectable environment has become attuned through evolution (16)*. The neonate is self-expressive from the moment of birth. His ability to interpret the world must be elicited and activated. Thereafter, for him, the projection of sensations not bound in the ego marks them as belonging to the environment. Gradually, here too a distinction takes place. The alloy of projection and introjection leading to identification is confirmed and kept 'critical' by communications from those who are in reciprocal relations with the child. Thus all things that belong to the environment are felt as 'there'. But those that do *not respond* evoke in the infant an inhibition of the impulses of expressive activity and their projection. Similar to the balanced inhibition by which the self detaches itself from the rest of the world, balanced inhibition of communicative impulses gradually permits distinguishing the *things* 'there' from an outside world at first indiscriminately animated through the projection of expressive activity. Thereafter projection and partial identification through concomitant introjections have to be maintained, but only in regard to animated *beings*. They must be restrained with regard to *things* that now become more 'objectively' perceived. The subject is less involved if his impulses of animation are thus

restrained. The objects are now perceived as constant and merely existent, not like the transient expressive, ever-changing features of *beings*. This view takes into account that the neonate is a source of activity from the beginning, generating and emitting impulses even as he gathers stimuli and sensations. Adaptive as well as expressive impulses have to be bound in order to demarcate the ego and in order to establish and confirm the ego boundary. Expressive impulses must be only selectively bound in order to demarcate the thinglike objects from the early, indiscriminately animated world. Much later, a renewed similar binding of expressive as well as manipulative motor impulses sets in; this leads to the endopsychic experience of true ideational configurations that are not 'real' in the thinglike objective sense; for example, a triangle (Cf. *12*). These derealized and deanimated configurations are the ideational entities of abstract thought. *Pari passu*, the human being learns to create the set of real symbols of seen and heard language. Ego feelings ranging through the whole spectrum here exposed are generated in association with any of the stimulus clusters just envisaged. Their survey, starting from the earliest undifferentiated states of the organism, through the psychosexual phases of childhood, and up to latency and early maturity, demonstrates their uninterrupted activity in the field of living communication.

## SUMMARY

The investigation of the specific clinical syndrome, here defined and called the deanimation syndrome, leads to the elucidation of a clearly distinguished perceptive function. This is the ego function of intuitively perceiving and communicating with animated beings, of which the environment in part consists. The scrutiny of the perceptive performance therein engaged reveals that in the service of communication there operates an incessant activity of projection, probably induced at a period when the earliest functions that maintain life are also activated. Communication thus emerges as an essential,

at present, irreducible quality of the animated state, experienced in the adult as a strong feeling of belonging, and in the archaic unbounded primeval experience of the infant as symbiotic fusion with the mother. In the course of maturation, the projective activity undergoes partial repressions at three clearly defined developmental stages: the ego boundary consolidation, the primal-scene fantasy, and the repressions of the passing of the œdipal phase. Pathological distortion of these partial repressions is responsible for prepsychotic experiences of deanimation as well as for anal-sadistic deanimation phenomena. These are disruptive of human communication, since they destroy identification and deface the human image. Normally, however, if the first two stages are concluded in a reality-adapted libidinal balance, then the œdipal repressions merely serve to safeguard the advent of the latency period, and the intrapsychic representational idiom of the primary process is replaced by the symbolic representational system of rational thought, by which the secondary process attunes endopsychic imagery to the word representations of language. The rich intuitive animistic relation to the primitive world subsides. The state of close belonging, in which ego boundaries as well as object demarcations are blurred and fluctuating, is gradually replaced by the more distant, objective attitude of knowledge and science: objects emerge detached from their affective and emotional connotations—a process related to the isolation of affect. This process reflects the anthropological and historical development of writing. From its origins in magic pictorial representation and through its progress toward pictographic and ideographic script, writing suffered a deanimation of its own that led to the stereotyped signs and characters of the alphabet *(7,* p. 62*)*. Thus, the libidinal impulses and projective processes, activated early in life by the mother, are invested, after the passing of the œdipus complex, in communication by way of rigid stereotyped configurations. These convey meaning by their variation within the limits set by the structure of language. At the conclusion of the latency period, identification

resumes a leading role, now within a higher level of organization, and facilitates group cohesion and the alloerotic attachments of this period.

In clinical psychiatry, a group of schizoid states can now be set apart, in which experiences of isolation and deanimation predominate. They differ from paranoid prepsychotic states in the clinical picture and in the psychodynamic balance. In deanimation states, there is less disintegration of personality and less disruption of coherence in thought and speech. There may be more anxiety than in true psychotic states, since the separateness and isolation are keenly felt. By contrast, the schizophrenic condition effectively isolates the patient, who need not necessarily be aware of this. The strong feeling of aloneness in deanimation often causes the patient to seek help and so renew his contacts with the world. The psychodynamic balance in deanimation consists either in increased repressive attempts or in an ebbing of the libidinal flow. The syndrome appears, therefore, occasionally as a sign of exhaustion of somatic origin, such as strain and overwork in adolescents. In therapy one may concentrate on the restoration of the metabolic balance through anabolic measures. If the circumstances of the onset point to increased repressions rather than decreased libidinal claims, this may indicate an attempt to put up defenses against an increasing libidinal demand, felt as a threat of breakdown. In such cases rest and sedation usually enable the patient to rally sooner than could be expected in true beginning psychotic breakdown. The differential diagnosis is reflected in the prognostic chances and in the therapeutic indication. In psychoanalytic treatment, one gains insight regarding the symbolic meaning of the printed page, an open book, a letter, etc. They signify a reference to the human face, usually the face of the mother, with an indication of an age level of the early postœdipal period or latency. Frequently patients in analysis show a surprising keenness of vision that enables them to read the titles of books at a distance. This sign, as well as compulsive reading or other associations related to the deanimation syn-

drome, may refer to wishes and memory images of reciprocal communication with the mother or her later substitutes; and the interpretation, as always, will have to take into account the context of defense, resistance, and transference. As for research, the present findings point to the need to elucidate the optimal expected environment for the neonate and the very young infant. This may help to clarify the problems of infantile autism as well as phenomena of identification in twins and the vicissitudes of the earliest object relations. Finally, further study of the link between early symbiotic identification and later reality-adapted, social functioning may help us toward a clearer understanding of human relations and of their disruption by the malaises of social fragmentation, loneliness, and isolation, and by other antisocial trends, all of which point to disturbances in the ability to communicate.

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# EXAGGERATION AS A DEFENSE

BY OTTO E. SPERLING, M.D. (NEW YORK)

Heinrich Heine introduced a device in his poems of expressing emotion with great passion and genuine feeling, and then surprising the reader with a prosaic or even cynical last line. This device in poetry is called romantic irony. Some may feel that Heine was insincere from the beginning, but others (with better reason) conclude that the poet has expressed the contrary aspects of his personality. The expression of passion always precedes the sobering countertheme. This sequence seems illustrative of a conflict in which the ego gains control of an id derivative. This is a tenable hypothesis for poetry. It is possible, however, to come to a definite conclusion from the analysis of a similar clinical phenomenon, namely, the sequence of exaggerated passion and sudden sobriety.

The first three patients to be described had an awareness that their feelings were not genuine, and they often accused themselves of hypocrisy. None was a schizophrenic.

## CASE I

The first group of examples stems from the analysis of a twenty-eight-year-old piano teacher who suffered from obsessional brooding and vacillation in her ability to work. She was intelligent, fanatically truthful, and a good observer of herself. Her pupils liked her and she made a good impression on most people. On closer observation, it was apparent that her vivacity was an overcompensation for her inhibitions. Her speech was hurried with the intent of preventing the analyst from saying anything that she might not like. Her manner and her smile

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From the State University of New York, Downstate Medical Center, Division of Psychoanalytic Education.

were constrained, and she habitually drew up her shoulders. An only child, she lived throughout her childhood in a household which was comprised of her parents and her maternal grandparents. The mother and the grandparents were simple, strongly religious, severely inhibited people. The mother was blindly obedient to her parents and, after their death, to her husband. The father was an atheist, intelligent, witty, often maliciously so, liberal both with his money and in his marital infidelities. The patient was silently disdainful of her mother who pretended ignorance.

At three years of age, the patient was much admired for her brightness. In public school she was inhibited; although she learned easily, she became obsessed with doubts about being a moron. At nine she developed scruples about lying; if she had lied, her parents would die. She doubted whether she had gargled enough to protect her parents from dying of cholera.

She chose her profession after deliberating that even a moron could succeed in it, a notion which precluded her achieving any virtuosity. When, at twenty-seven, she gave promise of attaining some success, she first contracted tenosynovitis in her hands, later, muscular rheumatism, and finally, arthritis. Her physician advised psychoanalysis, during which the symptoms disappeared and were still absent after thirty-three years.

At twenty she fell in love. She continued this relationship—despite her parents' disapproval—and was capable of some sexual enjoyment but without orgasm. She struggled with impulses to be unfaithful to her lover and suspected him of faithlessness which she was afraid to try to substantiate. In a theater with him, she feared that he might fall from the balcony; the sound of an automobile horn suggested to her that he might have been run over.

One day she said derisively: 'Why am I so inhibited with others, while here I am able to express so many ideas? What other people say about me is important to me, but I don't care what you say.' This she quickly amended, 'I say this only to please you; it really isn't so'. The attitude of superior imperviousness

to the analyst was feigned, but the derision was real. As a result she continued to believe that she had no resistances. Her positive transference was similarly ambiguous. After making the plea, with appropriate affect, 'I don't want to go away; please send the patient home who waits outside; I want to have you alone to myself', she would continue impersonally: 'I'm only playing a part; I'm just behaving as if I were in love with you. What I really want is for you to fall in love with me as I do with every man I meet, and as I do with my pupils. When I once heard that an analytic patient could fall in love with her doctor, I immediately decided that I'd lay a trap for the doctor.'

When she gained some conviction that I represented her hated father, there followed a number of fantasies and dreams in which I was poisoned, shot, hit by an automobile, and tortured by her unfaithfulness. She had a fantasy of biting off my penis which she amended: 'It looks as if I had deliberated all day how to torture you most; but I say those things only because you expect them of me; all this hatred is put on'.

She overcame a strong reluctance against saying the word 'fart' which her grandmother had used. She repeated it three times. Later she reported that her father had not washed his hands after using the bathroom. When he cleaned his dentures, it reminded her of playing with feces. 'I behave', she said, 'as if I took pleasure in speaking about these things'.

She had had severe quarrels with her father in which she would tell him hatefully that she would not let him cheat her as he had cheated her mother; she was aware of all his tricks. Had she more income she would move out of the house immediately so she would not have to look at him. To herself she argued that she had deceived him; he believed that she hated him. He did not recognize that this hatred was a pretense. Although she continued to love him, he became convinced that she hated him, and he reacted accordingly. After she reached the age of forty-eight, the hatred prevailed.

The mechanism here is one in which, even before it can be perceived and evaluated, hatred is grotesquely distorted and

in this form is so ego alien that it is felt as hypocrisy. Although it is in fact the exaggerated expression of a real emotion, it is easy to overlook the core of truth in a tissue of lies. Exaggeration was this patient's characteristic mechanism of defense, used against pressures from the outside as well as against id and superego demands.

In these examples we see how resistances, positive and negative transference, and gross anal-sadistic fantasies were given utterance, then retracted as false and denied recognition.

At the age of seven, the patient had been told, by the girl who was her best friend, that she was a moron. From that time, she was very sensitive in this respect. Whenever her teacher said to a chattering schoolgirl, 'Sit with Emily. She is quiet', the patient felt sure the teacher meant that she was a moron. Whenever she heard people whisper in her presence, she wondered whether they were not saying this, too. In the analysis, she showed an unusual deftness in misinterpreting comments of the psychoanalyst in this regard: all this despite the fact that she led her classes in school, was generally well-informed, and impressed others as having unusual intelligence and ability to participate in discussions of difficult topics. She once shunned the recital of the foremost piano virtuoso because the fact that he played better than she did might make her angry. She expected that analysis would enable her to become a genius. Once she said: 'If I were not a moron, I could be a genius'.

To be a moron was, for her, to be a woman and to be cheated like her mother; in addition, it was punishment for masturbation. Her exaggerated self-depreciation forced reassuring denials and compliments from her parents and others. It was no accident that she had chosen for proclaiming her feelings of inferiority just that aspect of her personality which had been extolled in her childhood. To her real shortcomings, however, she was completely blind and her exaggerated self-esteem was not easily affected by criticism. In contrast to the previous examples, her ego was less beset by threats from unconscious instinctual drives than by criticisms by her superego. These

were reduced to absurdity by exaggeration: 'What do you want of me; what more can I do than to regard myself as a moron?'. By this device she functioned with little effective self-criticism and preserved her colossal self-esteem. This patient acquired the mechanism of exaggeration from her mother who used to say to her when she was a child: 'Go ahead, hit your mother. I probably do not deserve any better.'

## CASE II

The mechanism of exaggeration as a defense against the superego is even more evident in the case of a twenty-three-year-old man who, when he first came for treatment, held a minor political position which he had obtained through the influence of his father. He was a mixture of gross masculinity and neurotic shyness. He was persuasive and sly but by reactions of blushing or pallor betrayed a striking vulnerability. For three years he had been obsessed, whenever he looked at his father's tie pin, with the tormenting doubt, 'Don't you wish he were dead so you could have the tie pin?'. Knives and other cutting instruments obsessed him with the fantasy of killing his father—all of which caused him to be depressed, feel guilty, and entertain thoughts of suicide. A trip to Italy provided a respite, but soon after his return, the father died of coronary thrombosis. In order not to be conspicuous, the son had to assume a semblance of grief he did not feel. He cried and told his mother outright that he felt no grief; that he had driven his father to his death by his obsessions; that he had, in effect, murdered his father—and so on, with endless self-recrimination. He was readily comforted by his mother's reassurances and temporarily relieved of his feelings of guilt. His dramatic exaggeration of remorse was a defense against his superego and served to obscure his hatred for his father. Later, he accused himself of having wished his father dead and debated abstaining (as atonement) from association with his girl friend with whom he had a platonic relationship. He sought help from a priest with whom he had an extended psychotherapy and to whom he confessed his sins, but with no relief from his feelings of guilt.

His father, a pious Catholic, quarreled violently with the patient and his mother and was then deeply remorseful. At three the boy was already inhibited and self-accusatory about eating. At five, the boy suffered from asthma which subsided whenever his mother took him into her bed. In school he was ritually conscientious and unhappy. At thirteen, he was obsessionally self-accusatory about cursing, fighting, and masturbating. He was seduced at this age by his older sister to masturbate her; and prior to that, he had indulged in mutual anal masturbation with boys. He made the ritual confession of his sins twice to make sure he had included everything. At eighteen, he had obsessional fears that his nocturnal emissions could cause his sister to become pregnant.

Quite upset during one hour, he restrained his tears with difficulty and declared: 'I am very common . . . I shall never have a friend . . . I don't deserve to have anybody love me . . . I'll never be able to atone for what I have done'. Toward the end of the hour, he interrupted himself and said flatly, 'Now I have faked enough. I'd better tell you what really happened.' He had been with his girl friend who suddenly started to cry and accused him of being selfish. For the past five years, he had seen her regularly but could not make up his mind to marry. No one knew this better than the patient. Still, the result of the forced contrition in the analysis was his conviction that his remorse had no basis in reality. 'It is not true', he said, 'that I made her unhappy; she was probably just hysterical'. In this way he disposed of his guilt, his remorse for tormenting the girl by his indecisiveness, and naturally saved himself from making the decision.

## CASE III

Another patient, a woman, dreamed: 'My sister was standing behind me, pressing against me. She was masturbating herself in that way. At that moment I had an orgasm.' On the day before, her sister had said, 'I don't understand how you can lie in bed so long. If I stay in bed a long time, I have to masturbate.' There had never been an experience of mutual mastur-

bation with her sister. In fact, her relationship with her sister was rather hostile. When this dream, in connection with previous material, was interpreted as an expression of her unconscious homosexuality, the patient recalled additional experiences with her girl friends but emphasized that she felt only disgust for her sister. At home after the analytic hour, she threw herself on her bed and cried until her sister returned. She greeted her with tears and accusations: 'It's all your fault. I'm so unhappy. I'm a pervert. How unlucky for me to have fallen in love with you! Now I know why I haven't married up to now. You monster! I'm moving out. I don't want to stay with you one day longer. I would rather spend the night under the bridge than under the same roof with you.' Finally, she was quieted by her sister's reassurances. The next day she could declare with a clear conscience, 'Your suggestion concerning homosexuality lasted until evening; then I found out there was no truth in it'.

Exaggeration as a means of devaluating interpretations is an everyday experience. After all, it is to be expected that a mechanism which plays so important a role in the symptomatology of compulsion neurosis should manifest itself in the analytic situation.

Using the term exaggeration implies that a true representation is possible. In the visual field a wax model or a drawing could be a true rendering of a subject. A caricature, however, has a true portrait as its basis but, by relatively small distortions, serves another purpose, i.e., that of ridiculing the subject *(12)*. Exaggeration begins as the genuine expression of an emotion or an attitude but the accretion of manifest distortions reveals that the purpose has imperceptibly changed, and there finally is a gross disproportion between the situation and the affect. Although no objective measurement of this disproportion exists, the psychiatrist can trust his clinical judgment.[1]

When the patient says, 'This is hypocrisy', and the analyst

[1] It is scarcely necessary to note here the differences from the flatness of affect or of the intrapsychic ataxia in schizophrenia, familiar to every psychiatrist.

responds, 'It is exaggeration', he emphasizes that there is a substantial kernel of truth in what the patient has said. The comparison may be made to the interpretation of lying. Helene Deutsch *(3)* has demonstrated that in pseudologia, despite all the distortions, something that really happened is communicated. Many lies still betray the truth to the psychoanalyst in spite of the intention of the liar to deny it. The same is true of hypocrisy. Lying is deception by verbal or nonverbal communication; hypocrisy is deception about the true nature of one's person by pretending that one's feelings, values, or attitudes are other than one knows them to be. In his fight against hypocrisy, Nietzsche enjoyed tearing off the mask, emphasizing the difference between the surface and what is behind it; but the psychoanalyst finds the content of what the patient feels to be hypocrisy sufficiently revelatory of what it is supposed to hide.

Ferenczi *(5)* described a phase which occurs in the child between the time of his original amorality and the development of the superego, in which every instinctual renunciation and every acceptance of displeasure are clearly connected with the feeling of hypocrisy. Something similar occurs in the reactions of many patients to interpretations until the analysis of resistances and of the transference neurosis permits their assimilation.

On this subject, Winterstein *(20)*, following Federn's *(4)* concept of depersonalization as a condition in which the ego boundary is not cathected with narcissistic libido, has proposed that depersonalization is the extreme case of doubt in the genuineness of one's feelings. In the cases which I have described, the ego boundary was not so fully cathected as in genuine feelings but neither was it so void of cathexis as in depersonalization. Bergler *(1, 2)* suggested that, in every case of hypocrisy, there is a fight between the ego and the superego. He traced this defense to a tyrannical father who would value lip service more than inner conviction: 'The result was masochistic submission and pesudoacceptance, which carried retaliation in the form of hypocrisy toward the tyrant. The superego follows the pattern

of the educator who tyrannically enforces his rules with no regard as to whether the acceptance is real or feigned. The ego then outsmarts the superego through pseudoacceptance.'

Looking for reasons for the choice of exaggeration as a defense, Pumpian-Mindlin *(14)* suggested the possibility that the parents were polar opposites and therefore offered great difficulty for identification. This difference, however, is beneficial because it facilitates the establishment of masculine or feminine identity. It is a fact that children can establish a superego (despite differences in the persons who contributed to its formation) which is a sign of the strength of the synthetic function in the ego as well as in the superego. When this synthetic function fails as, for instance, in acute alcoholic hallucinosis, the superego disintegrates and the sources of the superego reappear as acoustic hallucinations.

Here we might pose this question: could not the emotional outburst, followed by sobriety, be a natural sequence, a characteristic of the functioning of the human mind? Ungratified instinctual drives are cumulative while, after gratification, the instinctual drive seems to disappear temporarily. The concept of catharsis is based on the observation that, after an emotional re-enactment, the pathogenic effect of the traumatic experience disappears. Is it necessary to assume an ego mechanism when what happened might be explained without it? Perhaps, in the third patient described, whatever force was behind the regressive homosexual drive was so much diminished after the emotional outburst that her ego was then strong enough to reorganize the personality to its former state. In the cases I have reported here, further analysis and follow-up of some thirty-three years have convinced me that my doubts were unjustified; but it is true that nowadays too many functions are ascribed to the ego.

In Vienna, in the 1920's, I took part in many discussions between individual psychologists and psychoanalysts. The Adlerians regarded everything that a person does as planned, as done for a purpose. We freudians looked for the causes of things; they only for the arrangements done by the individual

according to his life style. It is true that purposes are of secondary importance in the causation of symptoms (the secondary gain), but first there are primary forces which move the person in their direction. If there is a conflict between these primary forces, a compromise is reached, not as a purposive action of the person, but as a result of forces. The Adlerians had fallen victim to teleological thinking. Their thinking had the earmarks of ideas of reference: everything was arranged.

With the development of ego analysis, teleologic thinking has infiltrated psychoanalysis to a much greater degree than before, but we call it ego mechanisms. Now the ego is made responsible for most of the things which happen. The role of the id and of the superego is reduced. Some drive vicissitudes are interpreted as defenses *(11)*. Even the repetition-compulsion is regarded as a device of the ego for mastering traumatic stimuli *(13)*. In my studies on war neurosis, I could not confirm this view *(17)*; rather, I was convinced that the ego, faced with the repetition-compulsion, tries to make the best of it by using it to master the trauma.

The three cases here reported convinced me that exaggeration can be an ego mechanism, but a careful analysis of other instances of exaggeration brought me to the conclusion that, in most cases, the ego is forced into exaggeration by pressures from the id and the superego. In 1920, Stärcke *(19)* tried to explain the tendency to exaggeration on the part of hysterical women as a symbolization of the unconscious wish to have a bigger genital, namely, a penis. This explanation seems to me an unfair generalization from secondary meanings in special cases; but just as one-sided would be an attempt to explain exaggeration as an ego function or an ego mechanism. It is a much more comprehensive and ubiquitous phenomenon.

Exaggeration occurs everywhere in nature. Phylogenesis is full of examples. Development of a characteristic like the saber tooth was exaggerated to such a degree that the species could not survive. The apparent purpose of the saber tooth, survival, was frustrated by the very fact that it became too large. Only an

intelligent mind, which has developed a concept of economy, of an adequate minimum, and of the subordination of the means to an end, can avoid or correct exaggeration. Neither the instinctual drives nor the unconscious part of the superego is influenced by such moderation. Derivatives of the id tend toward exaggeration like everything in nature. It is a tendency of the human ego to impose moderation and economy on our passions; therefore, we find more exaggeration in situations where the ego is weak and fewer where the ego is strong.

Freud *(7)* observed exaggeration in dreams and, before him, Scherner *(15)* and Spitta *(18)*. It is characteristic for psychoanalytic research to look for the kernel of truth even in delusions. The basis of pathological jealousy is sometimes the observation of a change in the responsiveness of the partner. A woman who, in a depression, accused herself of being a prostitute had sensed her lack of feeling for her husband. In the reaction-formation of compulsion neurosis, exaggeration is not an ego mechanism. By its very excess, reaction-formation reveals itself to be a compromise with id derivatives, which might finally lead to a return of the repressed. Hysterical exaggeration, resulting from the overcompensation of the opposite (the hysterical solution of the ambivalence conflict), also acquires the character of exaggeration from the id component.

We see more exaggeration in children than in adults. A six-year-old boy will say to his mother, 'I love you more than Eddy [his brother]. Twice as much. Three times as much. A hundred thousand times. Ten million billion times as much.'

In The Ego and the Id *(9)*, Freud compared the ego to a horseback rider who thinks he directs the horse, whereas he actually has to go where the horse takes him. To use Freud's simile in explaining romantic irony, after the rider has been taken by the horse for some distance, he regains his strength and directs the horse where he wants it to go. Likewise, after the poet has been carried away by a beautiful illusion, he wakes with a start and expresses his underlying, habitual cynicism. The same applies to the mechanism of exaggeration. The patient who was

carried away by her feelings for her sister, when faced with her homosexuality, reconsidered and had, like Freud's rider, the illusion that she was directing the horse all the time.

We have to consider also those cases in which the ego is not in command at all. The analytic investigation of general paresis *(16)* proved that, even in this disease, the mind closes the gaps of psychological causality. The disease appears as a self-punishment for sexual sins and the mind remains master of its fate. We have good reason to doubt the claim of some patients that they had masterminded their experiences by ego mechanisms for a good purpose.

## CASE IV

A woman, after the birth of a child, developed an acute schizophrenic psychosis with the delusion that her son was the Saviour and she was the Mother of God. Later she explained that her husband was not his father; she was in conflict with a lover and wanted to get rid of him. She wanted to get away from husband, child, lover, and mother and have complete rest to think things over. 'Every mother thinks that her child is important', she said, 'and will bring happiness not only to her but also to other people. I have only exaggerated what every mother feels anyhow.' It is a triumph of the synthetic function of the ego that even psychotic delusions are integrated by interpreting them as an exaggeration aimed at a practical gain; but this exaggeration is not a mechanism of the ego.

## CASE V

An inexperienced girl with neurodermatitis, who was having an extended, platonic love affair with a suitor whom she considered not good enough for marriage and whose love she felt was only a pretense, decided, in order to get rid of him, to have her first sexual intercourse with him. She believed that by pretending to be very passionate she would frighten him away. Later she could not understand how she could have expected this to happen. While Freud *(8, 10)* and Ferenczi *(6)* described the fright-

ening effect on males of sudden exposure of the female body, this girl fooled herself by thinking that her ego was in control, whereas in reality her instinctual drive overpowered not only her actions but also her thinking.

The device of frightening a child into compliance by a show of undisguised id derivatives is sometimes resorted to in his upbringing. A mother, for instance, catching a child playing with matches, may say, 'Go ahead, start a fire! Burn your brother in his crib and your grandmother who cannot run! Kill the whole neighborhood!'. To quell the rebellious attitude of one of his students, the instructor may ask him to take charge and lead the class in a discussion. The expectation is that, after having been faced with the fulfilment of his wish, the person will be better able to control his aggression. This technique is used in child analysis when the analyst assumes the role of the child and the child enacts the analyst, often thereby becoming aware of his unconscious fantasies.

A parallelogram of forces adequately represents the dynamics of the situation in Case V.

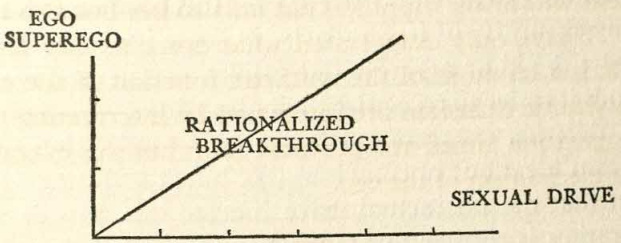


Figure 1. Intensity and Direction of Conflicting Forces at a Given Moment in Case V.

For exaggeration as a defense and for the romantic irony, the parallelogram of forces does not suffice; instead, the following diagram is proposed.

As the id derivative (or the superego) finds expression in motility, the ego awakens in order to make a stronger effort. The two forces combine in the mechanism of exaggeration. As a re-

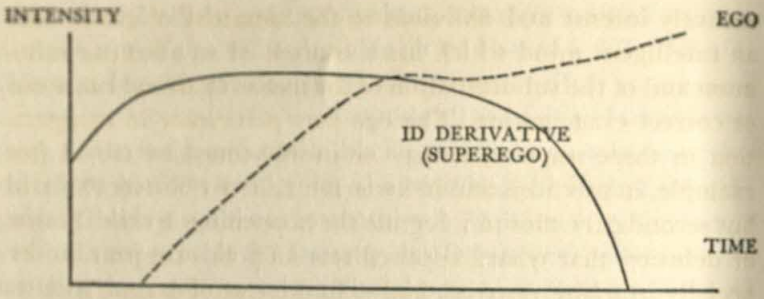


Figure 2. Changes of the Intensity of the Conflicting Forces During the Emotional Episode.

sult, the id derivative (or the superego) finds some gratification and therefore diminishes in strength; at the same time the ego, realizing the danger, gains the strength to puncture the illusion, to dispel the fog of passion or remorse, and thereby triumphs.

There is a similarity between the mechanism of exaggeration and the behavior of the ego in war neurosis *(17)*. After interpreting the trauma as a command, the ego expresses exaggerated obedience; for instance, fainting (being dead), showing fear, etc. Then the ego defends itself against this command and recognizes the absurdity of it. Similarly, in some individuals the ego first obeys the id or superego derivatives, exaggerates them, and then finds it easier to recognize their absurdity.

As a defense, exaggeration is similar to repression in pushing certain ideas out of consciousness, but it is distinguished by the fact that the instinctual drive is acted out. In this respect, exaggeration is similar to the mechanism of undoing. The individual, however, defends himself, not by a second action which should undo the first one, but by depriving the experience of the character of reality.

## SUMMARY

In principle, exaggeration is characteristic of all emotions, passions, grief, and remorse. If not moderated by the ego, derivatives of the id and of the superego have a tendency to be ex-

cessively intense and oblivious to the hierarchy of goals. Only an intelligent mind which has a concept of an adequate minimum and of the subordination of the means to an end can avoid or correct exaggeration. The ego may participate in exaggeration in three ways: 1, it may be overwhelmed by the id (for example, in psychosis and in hysteria); 2, it may be overwhelmed but secondarily tries to integrate the happenings by the illusion or delusion that what happened was only an exaggeration (especially in schizophrenia); and 3, in the case of exaggeration as a defense, the ego may awaken too late to prevent the expression of id or superego derivatives, but goes along with it, exaggerates it, and, realizing the danger, gains the strength to dispel the fog of passion or remorse and thereby triumphs.

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# IDENTITY AND JOSEPH CONRAD

BY EDWARD D. JOSEPH, M.D. (NEW YORK)

The relationship between the personality of an artist and his creations has always been a challenging enigma to psychoanalysts. This problem has been studied in psychobiographies of the artist *(19)*; in analyses of the artistic products, usually literary works *(23, 28)*, and in attempts to correlate these two approaches. In this latter effort it was often assumed that the products of creation were directly correlated with the creator's experience, emotional states, and fantasy life. As psychoanalytic theory and experience have developed, it has been realized that the process of creativity is more complicated than that, and that the creative product of a talented person, or a genius, is more than the expression of a fantasy in a highly developed form. Kris expressed it thus *(28)*: 'The artist has created a world and not indulged in a daydream'.[1]

Current efforts at understanding creativity have gone in two main directions: the first, to understand the nature of the process *(3, 24, 29)*; the other, to look for determinants common in the lives of artists in general, in an effort to pick out those features which differentiate them from other people *(15, 16, 27, 33)*. Others combine both approaches *(10, 17)*. In this paper an attempt is made to examine the life and personality of Joseph Conrad, the nature of his works and their principle themes, and to demonstrate the observation made by Kris as well as the identity problems of Conrad expressed in the totality of his work.

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[1] *Cf.* the comment by Spencer: 'One of the most remarkable things about Shakespeare is that although he uses the same materials for the achievement of size and universality in his great tragedies, he creates in each [tragedy] a distinctive and particular world' *(31*, p. 153*)*.

Identity is a concept which has a certain vogue among psychoanalysts. With increasing sophistication of psychoanalytic theory, the term ego has been reserved to represent the whole of a psychic structure, while 'self-representation' is used to indicate one's self *(18, 20)*. The concept of self-representation is part of a pair: 'object-representation' in relation to outside objects and 'self-representation' in relation to one's self. However, Erikson *(11)*, Jacobson *(20)*, and others have shown the sense of one's self is more than self-representation alone. Rather, it seems to depend upon a number of interrelationships between various ego functions as well as between certain aspects of the ego, superego, and id. These interrelationships involve the body image, the nature of object representations, the relationship with reality, the level of libidinal development, the impact and influence of fantasies of an earlier period of life, and the form of the ego ideal and of the superego. Each of these various aspects of mental functioning interact between themselves and the self-representation that serves to establish and maintain a sense of identity *(25)*. It is beyond the scope of this paper to discuss in greater detail the nature of identity.

After a consideration of the life of Joseph Conrad, his major literary works will be examined in an effort to demonstrate that, through various writings, he emphasized different aspects of the interrelationships just mentioned and thereby, in the totality of his work, achieved an identity and mental harmony that was lacking in his nonliterary life.

## THE BIOGRAPHY OF AN ARTIST

Józef Teodor Konrad Nalecz Korzeniowski was born in 1857 in the Polish Ukraine, then under Russian control. He was the only child of parents whose courtship and marriage contained all the elements of a fictional romance—prolonged courtship, plans to marry, father's disapproval, daughter's hesitation, father's death, loyalty to the memory of father's last wishes, then love triumphant and a happy marriage leading to the birth of the little boy. His father, Apollo, was an improvident man

whose marriage at the age of thirty-six did not reform his ways. He engaged in revolutionary activity against Russian control of his country; he was also a writer of comedies and poetry and had translated several of Hugo's works. When Józef was three, his father went to a larger city where he could publish popular literature and engage in more intensive political activity. He was eventually arrested, imprisoned, and exiled by the Czarist government to a distant province near the White Sea. Conrad's mother, Evalyna, volunteered to accompany her husband into exile and to submit to all the conditions of his punishment. Therefore, when Józef was four, he and his family were on their way to exile. Two important experiences occurred on that journey that have been recorded by Conrad. Young Conrad became dangerously ill, but the convoy refused to stop. Finally it did and a doctor from Moscow found the little boy suffering from pneumonia. Leeches and medicines were applied but the escort refused to wait longer to allow time for recovery and convalescence. On the same trip his mother became so weak that she had to be carried. Again the convoy refused to halt until outside influence was brought to bear. During this intervention, the family stayed in a comfortable house until Conrad's mother recovered sufficiently.

In their place of exile they were treated as comfortably and humanely as possible, but it was a frontier town having two seasons of the year (according to his father)—a white winter and a green winter. There was a shortage of food and adequate lodging. His mother rapidly became ill, probably from tuberculosis. As a result, the father's sentence was eased and the family was moved near Kiev, where they had better living conditions. Conrad and his mother were privileged to visit her family who lived nearby. Conrad has described in glowing terms his visit to the family and most particularly the last fond farewell as they returned to the father in exile. His mother's health rapidly declined, and four years after the start of their exile, she died when he was not quite eight years old. Shortly before his mother's death, his father wrote to a friend, 'My

little Conrad is inevitably neglected in the middle of all of this'.

After his mother's death, his father undertook his education and care. Conrad's life, however, was one of complete isolation from everyday activities with no friends of his own age. He did, however, have the stimulation of his father's work and access to his father's relatively large library. At that time Apollo was translating Shakespeare and Victor Hugo. Conrad has described how one day, while he was looking at some manuscript sheets of a translation of Two Gentlemen of Verona, his father came in and caught him turning the pages of the translation. Conrad's note continues: 'I was greatly confused, expecting to get into trouble. He stood in the doorway looking at me with some surprise but the only thing he said after a moment of silence was, "Read the page aloud".

'Luckily the page lying before me was not overblotted with erasures and corrections, and my father's handwriting was otherwise extremely legible. When I got to the end he nodded and I flew out of doors thinking myself lucky to have escaped reproof for that piece of impulsive audacity' *(7 i)*.

It is also known that he read his father's translation of Hugo's Toilers of the Sea, and he himself recalled having been a great reader from the age of five, reading travel books, novels in Polish and French, including those of James Fenimore Cooper, Dickens, Captain Marrayat, and others.

Within a year of the mother's death, his father became ill, probably also from tuberculosis, and was eventually allowed to leave Russia. He went to Lwów, a part of Austria-Poland. The father's letters at this time report that Conrad was suffering from his old complaint (whatever that was) which apparently 'is a form of ill health which interfered with his working for the two years previously even though he is aged eleven'. In another letter the father wrote, 'My little Conrad is well and that cheers me up most because his nerves were in a very bad state. He is fairly able but so far has no love of study and there is nothing definite in him yet. Of course he is only eleven. He likes to criticize all, but unmaliciously. He is sensitive in his attitude and good beyond words.'

During this stay in Lwów, Conrad went to school and began to write plays with patriotic Polish themes, with the Russians cast as villians. He declared that he had a great talent and would become a great writer. During the long period of his father's decline and eventual death, Conrad went to school in the day, coming home to sit alone outside his father's bedroom at night. He claimed his avid reading was the only thing that helped him to survive those difficult days. He would occasionally be allowed to see his father who lay ill and motionless in bed. The nurses would pass between the bedroom and the corridor in which he sat while, through the doorway, he would catch glimpses of his father. His father was buried as a hero of the Polish Resistance. In later years he described his father as 'a man of great sensibilities, of exalted and dreamy temperament; with a terrible gift of irony and of gloomy disposition; withal of strong religious feeling degenerating after the loss of his wife into mysticism touched with despair. His aspect was distinguished; his conversation very fascinating; his face, in repose somber, lighter all over when he smiled' *(13)*.

Thus at the age of eleven he was an orphan and was taken in by his mother's family. His mother's brother, Thaddeus, in particular, was his close guardian and counselor. For many years Conrad remained in correspondence with this uncle, receiving both moral and financial support. School life was not to his liking and at the age of fourteen he expressed a desire to go to sea. Members of his family violently opposed this. Conrad wrote that the violence of their opposition, falling about the ears of a teen-age boy, aroused in him such a storm of feeling that he would find himself, thirty-five years later, in the silence of his study, meeting and answering arguments which arose from that time. He was about to give up his choice of a sea career when, on a trip through Switzerland, he saw an English family hiking. At the head of the family marched the father in tweeds, plus fours, with a stout walking stick, leading the way. This sight so encouraged Conrad in his resolve that at the age of sixteen he left his family and Poland to go to sea. Conrad attributed his choice to the influence of his reading about ad-

venture and exploration. He recalls in this connection having looked at a map at the age of nine and, putting his finger on the center of unexplored Africa, saying, 'Some day I will go there'. Various writers relate this to the general restlessness among the younger Polish generation at about that time; that as the son of a political prisoner Conrad would have been subject to surveillance by the police, and that he disliked the conventional, disciplined school life in which he was living, to which was coupled a desire to escape to freedom and adventure. These factors are not sufficient to explain such an unusual move on the part of a Polish youth.

Conrad went to Marseilles where, through family connections, he was accepted among seamen and bankers and rapidly acquired the necessary maritime skills. He made several voyages in and around the Mediterranean, as well as to the West Indies. In addition, he became involved in Spanish Carlist revolutionary activities. He went on several gun-running expeditions. On one occasion his ship barely escaped capture by the coast guard. One of the men with whom he worked, Dominic Cervoni, a Corsican, made a great impression upon him because of his manliness, bravery, and evidently his interest in Conrad himself. This man served as a model for several characters in his later stories. At the time that Conrad was engaged in these activities, he apparently began a love affair with the mistress to the Pretender to the Spanish throne, a love affair which terminated either in a duel in which he was severely wounded or in an attempted suicide. To this romantic tale is coupled the suggestion that the woman with whom he had the affair nursed him back to health only to disappear from his life. The events of that time are obscure and to date scholars have not agreed on the actual occurrences, although the present trend is to regard this as a fictionalized account and to feel he attempted suicide *(2)*.

It might be stated at this point that little is known of Conrad's relationship with women other than the one in Marseilles. Prior to leaving Poland he had one, or possibly two, girls in

whom he was interested: one young lady was the object of a secret love and did not know the depth of his feeling until he went to say farewell to her; the other possible adolescent crush may have concerned the daughter of a neighbor about whom in later correspondence he commented most particularly on the warmth of the girl's mother in welcoming him into that household. Eight to ten years subsequent to the affair in Marseilles there is the hint of a flirtation on the island of Mauritius with a Frenchwoman whom he left abruptly as the relationship became more serious. On this same island, and at the same time, he encountered the daughter of a trader. The suggestion has been made that he looked upon her with favor and may actually have tried to steal a kiss, possibly having been discovered by the trader in this situation *(21, 7 k)*. On the other hand, prior to his marriage, he carried on a long, and at times intense, correspondence with his French 'aunt', Marguerite Poradowska. She was, of course, much older than he. While his letters were always polite, he spoke freely in them and used her as a confidante. She was a writer with whom he would discuss his writing problems after he began his own career. At times he proposed collaboration, with the suggestion that she could be the senior author. He also suggested that she translate his early writings and offered to allow her to publish them under her name rather than his. The only other woman about whom anything is known was his wife, Jessie, whom he married when he was thirty-eight.

After Marseilles he set to work to achieve his greatest ambitions: to work and sail on an English ship, to learn the English language, and to become an English citizen. He spoke perfect French from early youth. However, within a few months after shipping out on an English ship, he was sufficiently conversant with the English language to be understood, and within eight years he worked his way up from ordinary seaman to the possession of a Master's certificate. Throughout his sailing career he received commendations for his work and his certificates of qualification always stated, among other things, that he was sober, conscientious, and industrious. He was a good seaman

although subject to periods of mild depression and poor health. He was the only Polish seaman on all the ships on which he sailed. After obtaining his Master's certificate (and shortly after, British citizenship), he sailed as first mate on a ship to the Far East. On his way there he was struck in the back by a falling spar and was hospitalized for months suffering from, as he described it, some mysterious ailment the nature of which doctors could not fathom. There is little doubt that his prolonged illness had a large neurotic component. During his convalescence he became first mate on a coastal steamer which steamed in and out of the Indonesian islands. From this trip he obtained the material used in his first novel, Almayer's Folly *(7 a)*. He became captain of a ship—an experience he commemorated in The Shadow Line *(7 m)*—for a period of two years and then returned to London. At this point, aged thirty-one or thirty-two, he began to write his first book, an event he described as occurring without any conscious awareness of what he was setting out to do, but rather of being moved by forces within him. This book took five years and was interrupted by several sea voyages and a trip to the Congo. The experiences there later served as background of one of his great stories, Heart of Darkness *(7 d)*. It is interesting that when he returned from the Congo, feverish, sick, and having lost almost all of his personal possessions, he had preserved the manuscript on which he was working.

Immediately after his return from the Congo he had a six-month period of profound exhaustion amounting to a severe depression. After this he suffered periods of intense ill health which plagued him for the rest of his life. He was subject to tropical fevers, probably malaria, and to periodic episodes of 'gout' which affected his wrists, fingers, knees, ankles, and feet. In 1895, Almayer's Folly *(7 a)* appeared, marking the end of his career as a seaman. Lest it be thought that his own statement of lack of preparation for a writing career is accurate, it should be noted that he had been raised in a literary family—his father and his grandfather before him—and had read extensively dur-

ing his youth and even while he was in the merchant marine. He said of himself that he was the only sailor who went aboard ship with a copy of Shakespeare in his pocket. He also read widely in the French literature—Balzac, de Maupassant, Flaubert. His letters to his uncle were apparently of sufficient quality and interest to lead to the suggestion that he write for the Polish press, but he never did.

Soon after the publication of his first book he started to court an Englishwoman, Jessie George. The courtship was sporadic; he would see her, and then disappear for months at a time. She knew him as Joseph Conrad, yet he signed his first written communication to her with his Polish name, confusing her. When he actually proposed, suggesting immediate marriage (he was thirty-eight), he offered as a recommendation the fact that he had not long to live. He later repeated this same statement to her mother, adding that he did not think they would ever have any children. He lived twenty-six more years and fathered two children. After his marriage he settled down to a steady writing career, although for a long time he hoped to return to the sea. For a number of years, during which he produced some of his finest stories *(7 b, 7 c, 7 d, 7 g)*, he found himself under constant financial strain about which he informed his friends with unceasing fervor accompanied by complaints of his tremendous problems in creating and writing. His letters are a long wail about his inability to produce, his lack of creativity, his need to force every word with the greatest of effort. He wrote of seeing whole scenes in his mind and yet being unable to put a word of this on paper. At other times he described sitting at his desk for eight hours and producing a sentence which he would throw away, only to start over the next day. Reading his letters in chronological order one gets little impression of his productivity, yet during this time works of great merit were forthcoming. It is true that he did not gain popular acceptance at first, achieving only literary acclaim, but he gradually acquired a growing public. Even after his popularity had brought him financial security, he complained about expenses

and was unable to balance his budget. At the same time he complained of financial stringencies, he was extravagant in his tastes and disregarded the value of money. His wife tells numerous stories about this. He liked to work in solitude, yet living arrangements often made this impossible. He added to these difficulties by placing his table in the middle of the area of family activity and then complained of the annoyance. There were also a number of mishaps: one manuscript, for example, was burned. His letters also convey the impression that all he did was work; everything else was subordinate.

He spoke English but apparently with a thick accent so that there never was any doubt of his foreign origin. One of the greatest insults was to be told that he was not English, did not know the language, nor speak it correctly. He himself would make such statements, but did not want to hear them from anyone else. At the same time, he did not relinquish the variety of names with which he was originally christened and used these in varying combinations in his correspondence. According to his wife, he employed eight different variations of his name. Also, according to her, he was a veritable tyrant about the house, insistent upon his prerogative of writing and of entertaining his multitude of friends while, at the same time, inconsiderate of the problems of running a household and of the needs and desires of other members of the family. He worried whenever any of them were ill but soon demanded attention for himself. He was extremely hospitable and no matter what time someone arrived he would immediately insist that the guest be served. This his wife attributes to a Polish custom. He had periods of unpredictable rage and anger. Friends regarded him as a man of great sensibility, of exalted and dreamy temperament, yet with a gloomy disposition. His aspect was distinguished and his conversation fascinating (Bertrand Russell met him in 1915 and reported that he had never been so impressed). His face was somber in repose but would light up when he smiled. These are almost the same terms with which his father had been described.

Of his gloomy disposition, let it be noted that he was intensely preoccupied with fears of mishaps to members of his family; during the first war he was positive that his son had been killed, although there had been no word of this. At another time he had a similar feeling of death regarding a servant. He was constantly predicting the end of his life, his inability to work, his inability to support his family, but, on the other hand, any period of nonproductivity he regarded as laziness and felt that he should constantly be working. At the time of his death in 1924, he was still writing. Although he held no brief for the work of writers he considered incompetent, the work of any of his friends or of any new promising writer brought forth lavish, extravagant praise. His evaluation of his own work was usually one of deprecation. If, however, a friend would write praising him, he would reply that his words of praise were such music to his ears that it made all the pain and travail worth while in order to reach the attention of such a discerning critic. But, in the few business letters preserved, he gives a realistic evaluation and appraisal of the merits of his work *(4)*.

It seems evident from his letters and from his wife's account that, although he had many friends *(32)* and enjoyed their company, he was a man who was essentially cut off from most people, including those of his own household. The impression gained from his autobiographical notes is of an individual who could not bring himself to express openly his feelings and innermost thoughts. E. M. Forster, in his essay on Conrad *(12)*, complains of this, suggesting the difficulty may stem from Conrad's own problems. The nature of his literary works tended to emphasize his isolation from people. He became known as a teller of sea tales, a reputation which angered him since he felt that the message of his stories was far more than that of sea adventure. Conrad described his method of writing as one in which he would bring to the attention of the reader a 'moment of truth', make the reader feel such a feeling, and most particularly, 'make him see it'. To this end his writing is richly filled with allusions which vividly picture the scenes that he

is describing. His reputation is based in part upon the vividness of the reality that he created. He has been called the 'grandfather of the modern novel' by the nature of his manner of writing, his parsimony of words, and most particularly by his themes *(30, 14)*. He founded no school of writing but he influenced Faulkner, Fitzgerald, Graham Greene, and Hemingway. He has not had a host of followers, only of readers *(1, 2, 5, 6, 7, 21, 22, 30, 32)*.

## THE PERSONALITY OF CONRAD

Without going into an extended discussion of the psychodynamics of Joseph Conrad, I wish to emphasize certain pertinent aspects of his personality. First, his depressive disposition, which has been well documented by himself and others. Second, his constant concern with bodily illness, aggravated by disabling conditions such as gout, which affected his ability to write and produce. He blamed much of his difficulty on the 'gout'; his wife states that she felt that many of his attacks were brought on by rage. Third, worthy of note were his constant deprecation of his work, his testy, yet friendly, nature toward strangers, and his apparent inability to decide upon a career for himself. Even while at sea he would write to his uncle concerning plans of a business nature and hopes of going into some business activity which, of course, was in keeping with his uncle's desires. There is the fact of his relatively late start as a writer, seeming to slip into this career without being aware at all of what was happening to him. Finally, his seeming lack of relationship with women. His wife appeared to be as much a maternal caretaker as a conjugal partner.

The depressive element can be related to the early deaths of his parents and to mourning for them as well as identifying with them as sick, ailing, and finally deceased individuals. From his father's comment that Conrad was ailing at the time his mother was sick, there is a suggestion of a maternal identification, regardless of the nature of the ailment. Her death made him all the more dependent on his father whose illness and

death left him alone. His own almost fatal illness and the real physical deprivation would, on the one hand, cause a regression of both ego and libidinal organization (one luxury he always allowed himself was a well-set table), while on the other, it would have threatened his very existence. His identification with his father is seen in his choice of career (perhaps the sea represented a form of exile) and, later, writing; in his early reading and intrusion upon his father's work; in his first literary efforts in which he portrayed the Russians as villains (his own experience as well as identification); his revolutionary activities in Marseilles; and finally, in the revolutionary background of several of his books *(7 g, 7 h)*. His masculine identification was complicated by a close relationship with his practical, businesslike, bachelor uncle, Thaddeus. Later paternal figures, such as Dominic Cervoni, and friends suggest a constant seeking of a paternal figure who would not disappoint him. The figure of the English father marching at the head of his family in Switzerland must have seemed an idealized father and a revival of the memory of his father's march into exile.[2]

Conrad also seemed to continue to yearn for the maternal care so unfortunately lacking in his youth. The symbolism of the sea as a maternal figure may have been an unconscious factor in his leaving Poland. His comments on the girl friend of his early adolescence are mostly about the kindness of her mother. His wife apparently played a larger maternal role than do most wives. His relationships with women are tinged with mystery but it is striking that, after his affair in Marseilles with the mistress of the Pretender (with its œdipal overtones), women as love objects disappear from his life for years and the only mention then is of a flirtation and possible discovery by a father. His relationship with his older 'aunt' suggests an unresolved œdipal attachment. Œdipal conflicts can be seen also in his fear of discovery by his father of his prying into father's writing,

[2] Bernard Meyer, in his discussion of this paper, has pointed out the fetishistic aspect of this memory since Conrad speaks of his fascination with the legs of the English father.

his wish to visit the center of an unknown area and the profound depression following the realization of this childhood wish, and his anticipation of death when he proposed marriage.

His depressions, his constant deprecation of his work, and his continual suffering and anguish suggest a severe superego. He paid a price whenever he achieved anything—illness after his Master's certificate and British citizenship, depression after the Congo trip, depression after the completion of a piece of work, etc. This also attests to the severity of the superego. Knowing the nature of the deprivations of his childhood and the primitive aggressions aroused, it seems to follow that the archaic superego would be especially primitive. He was alone and, with conflicts between various psychic structures and within the ego structure itself, never achieved the harmony necessary for his identity. His use of many names displays this factor.

## THE ARTISTIC CREATIONS

It is necessary to examine some of Conrad's literary work in order to show that the world created in each story has certain common themes yet is unique. In pointing out the differences it is possible to see that these accentuate the intrapsychic components comprising 'identity' as outlined earlier. In order to show this, many of the subsidiary, complex interrelationships which contribute to the richness of the characters he created are omitted. The totality of his creations represents not merely a working out of certain underlying fantasies, but the creation of a new world which in turn gives an 'identity' beyond his own actual experience.

In the main, Conrad's stories have a general theme of guilt and atonement, resulting in the death of the main character. In more detail, the theme is man's attempt to find his place in a hostile world. He may succumb to the hostility or join forces with it *(7 d)* or, more frequently, he may forfeit life or happiness in order to remain faithful to a guiding principle which sets him above the hostility *(7 c, 7 d, 7 l)*. A third solution exists

for those men so lacking in imagination that they are not aware of the nature of the forces against which they struggle and sail blindly through (Captain McWhirr), neither to redemption nor to failure, but merely to existence in their blindness *(7 e)*.

In literary evaluations of his stories *(8, 30)*, by and large, Conrad's sympathies seem to be with those who find redemption through recognition of the forces against which they struggle and rise above them, even at the expense of happiness or of life. However, it is possible to examine the stories and see other aspects of the world that he created. Each of the following accounts emphasizes a main point at the expense of omitting subsidiary, but important, relationships.

Lord Jim *(7 c)* is a young man who is essentially a dreamer. As an apprentice seaman he dreams of deeds of heroism in which he is so immersed that when an occasion arises to rescue a fellow student he fails to react. He consoles himself that he was preparing for the real test which is to come, at which time he will be the hero as in his dreams. He goes through a series of misadventures including injury aboard ship by a falling spar and spending time in a hospital in the Far East under treatment for a strange physical disorder. He becomes first mate of a ship and, when it strikes some submerged object, suddenly finds the crisis he is seeking: the passengers do not know of the danger of sinking—only the white officers know; only a few aboard can be saved since there are not enough lifeboats; there might be a panic and all would be lost. The other officers are leaving the ship and passengers to their fate in order to save themselves. Jim has pictures of all the possibilities—heroic and otherwise. He is paralyzed, indecisive, and unsure until 'I found myself jumping through the air landing aboard the rowboat', deserting his ship and his ideals. The ship does not sink, but is brought to port safely by a passing boat.

Jim is disgraced and stripped of all seaman's status. He attempts to hide from the consequences of his misdeed, but everywhere he goes, the slightest reference to this event produces a sense of shame and he moves on (the superego knows

all). Eventually, he goes to a small island, makes peace between two warring factions of natives, and becomes known as Tuan Jim (Lord Jim). In this paradise he is honored and respected, has a native girl as wife and companion, and his existence is secure; yet he is vaguely unhappy. A wandering band of white desperadoes comes upon this island and he prepares to fight them off until the leader says to him, 'You are as bad as we'. He withdraws from the fight, arranges a truce, and pledges his life for the safety of the natives. The desperadoes break the truce and Jim is again faced with the choice of his physical safety or of remaining true to his pledge. In his moment of death he is triumphant and happy. To put it analytically, his superego is appeased, or more particularly, ego and ego ideal are reunited. The struggle at first centers about his fantasy of himself as a hero which has no basis in reality. It becomes part of his ego ideal. At the moment of crisis there is conflict between fantasy and reality, between heroism and safety. He depersonalizes, and from then on there is conflict between ego and superego (ego ideal). Jim is unable to achieve a true harmonious identity until the moment of death when ego and ego ideal are united, erasing the conflict between them. Inner harmony and identity is paid for by death, but he is himself!

In Under Western Eyes *(7 h),* an orphaned Russian student falls privy to plans to assassinate an important official. He is at a loss and finally turns the assassin over to the secret police with no one aware of his action except the chief of police. He then appears in Switzerland where he is to join the ranks of the anarchists to spy for the Russian secret police. He is utterly guilt ridden, an attitude accentuated by his falling in love with the sister of the betrayed man. Ultimately he confesses to the revolutionaries, is maimed for life, and is cared for by an elderly woman, having lost both the friends and the girl he sought. In giving up the prizes he wanted most, he atones for his murderous betrayal and achieves, through his confession and punishment, a state of harmony between his ego and punitive superego. It is true also that the love of a woman accentuates the sense of guilt and the sense of guilt prevents him from achieving the

object relationship he is seeking, but he gains a maternal care he previously lacked.

In one of Conrad's greatest books, Victory (7 *l*), this struggle for a place in the universe centers about object relationships. The hero, Axel Heyst, is a man who, in part brought about by his father's teachings, prefers a lonely, friendless existence, cut off from any intimate human relationship. He does a good deed but in such a way as to maintain his isolation from the rest of mankind. However, the second good deed involves the rescue of a girl from the unwanted attentions of a German hotelkeeper. Heyst brings her to his island and love begins to develop between them. He is completely unaccustomed to such a feeling and really does not know what is happening. He becomes aware that the previous tenets of his life, expounded by his father, which he had followed blindly, are no longer valid. A band of desperadoes invades this relative paradise and it is apparent that the leader of the desperadoes, Mr. Jones, is the evil mirror image of Heyst so that there is a confrontation between the two aspects of the same personality. In the subsequent struggle between them, the girl, Lena, aware of her own growing love for Heyst, is willing to sacrifice her life to save his, while he also sacrifices his in order to save her. In thus sacrificing for each other they reach a union through death that defeats the forces of evil working against them. In this story the main emphasis is on the isolation of the man and his achieving an awareness of himself, an identity, through his relationship with a woman[3] as well as through a confrontation and overcoming of his mirror image—the leader of the desperadoes. In Victory, identity is achieved through the medium of object relationships with the relationship reaching fruition through death. Another aspect of identity is introduced through the mirror image of the hero. This mechanism is better seen in other stories.

In a number of his tales, Conrad introduces an omnipresent

[3] It should be noted, incidentally, that the heroine of this story is one of the two women best drawn by Conrad, the other being Winnie in The Secret Agent (7 *g*). Both these women are willing to kill for the person they love, even at the expense of their own lives.

narrator, Marlow, who furthers the telling of the story. Marlow is more than a narrator; at times he is an active participant. In Lord Jim *(7 c)*, the contrast is between Jim, the romantic dreamer, and Marlow, the realistic, practical man. In Heart of Darkness *(7 d)*, the tale is mostly Marlow's search for the legendary Kurtz who is supposed to have found peace and understanding in the Congo jungle. Marlow, disappointed, finds that Kurtz has succumbed to the forces of evil surrounding him and has become more savage than the natives. Kurtz dies and Marlow returns to civilization but, being a good man, in contrast to Kurtz, he is unable to tell Kurtz's fiancée the truth of the betrayal of civilization and maintains the fiction of Kurtz's goodness.

The contrast between characters is most clearly seen in a short story, The Secret Sharer *(7 j)*, in which, upon assuming command of a ship, a sea captain, the same night, rescues a man from the sea who is to all intents and purposes his identical twin. The only difference between them is that one is a captain while the other is a man accused of murder, perhaps justly so, who is trying to flee to an unknown land or commit suicide. The story concerns the growing awareness on the part of the captain of his complete identity with the fugitive and of his eventual efforts to help the escaped man to a life of exile on a South Sea island, at the same time freeing himself of this foreign identity. In achieving the separation of the two identities, the captain also gains the respect and admiration of his crew as both a seaman and a man. Conrad seems to grasp in this story, as well as in the other descriptions of the good and bad self-representation, the essential nature of what Tabor and I called 'the twinning reaction' in a recent paper on identical twins *(26)*. It is a splitting of the self-representation into parts. In The Secret Sharer, the more idealized aspect of the self-representation gains ascendancy and identity is preserved at a useful, socially acceptable level, while the more evil aspect of it is consigned to exile. It is recognized of course that this use of a twin or a twin representative as a literary device appeared

in earlier European literature. Yet Conrad's use of these different aspects of it serves to establish the identity of his character through a description of the vicissitudes of the self-representation; they are also used to speak for other ego functions. Marlow, in both Lord Jim and Heart of Darkness, represents the reality functioning of the ego in contrast to the less reality-directed activities of the main characters.

The reality aspect of identity is the theme of another of Conrad's great novels, Nostromo *(7 f)*, in which there is an intermingling of object relationships. There is a struggle with a sense of duty, but the main struggle centers about the relationship of the various characters to reality—the reality of the possession of a silver mine and a load of silver ingots which overshadows all the acts of the main characters and determines the interplay between them and the nature of the events which shape their lives. Through the acceptance of the existence of this reality each of the various characters achieves his place and his inner peace, thus finding an aspect of his identity in his relationship to reality.

A trilogy *(7 d)*, which to Conrad himself represents the ages of man, deals with periods of transition in life. Youth is an autobiographical account of a series of mishaps at sea involving the shifting of cargo, a storm, the demasting, and finally, the burning of a coal cargo in the hold of a ship, abandoning the ship, and flight in a lifeboat. These events actually happened to Conrad, but in relating the story he particularly stresses the ability of youth to rise above misadventures because of the buoyancy, hopefulness, and, in a sense, elated outlook on life of the young. Heart of Darkness, depicting the middle period, was described above. The End of the Tether, the story of a captain who must work in order to support his married daughter, represents old age. He is going blind, conceals this fact, and buys a ship to engage in trading, using a faithful servant as his guide and executor of his commands. As he is about to be unmasked for the deceiver he is, the captain arranges for his ship to go aground in such circumstances that only he knows

what is happening. He goes down with his ship, dies a hero's death, and secures for his daughter the insurance money she needs. He thus rises above his circumstances and, in his death, redeems himself and discharges his responsibility. The Shadow Line *(7 m)*, involving the transition from youth to manhood, starts with a description of the golden period of youth and the passage of time 'until one perceives ahead a shadow line warning one that the region of early youth too must be left behind'. This is also autobiographical and deals with Conrad's first command.

Without going into further details, these stories of transition deal not only with important epochs of an individual's maturing, but also probably represent the changes in Conrad's own body image, associated in later life with the swellings and detumescence of his 'gouty' joints and, what must be postulated, the bodily changes associated with both his severe debilitating illness at the age of four to five, and the physical deprivations in the years immediately after, affecting body image development. These tales of transition may be said to emphasize the relationship of body image to self-representation and to the total identity.

Finally, one story and two fragments suggest more deeply repressed fantasies that would disturb the psychic balance necessary to maintain identity. The story, Falk *(7 e)*, centers on a sea captain who is regarded by others and himself as a pariah. The basis of this feeling is the fact that he indulged in cannibalism in order to save his life at a time when he was shipwrecked. In Heart of Darkness, Marlow, at one point in his trip up the Congo River, falls to musing about the cannibalistic practices of the natives and speaks of this in terms of horror, disgust, and inability to comprehend the practice. In A Personal Record *(7 i)*, Conrad relates his first return to Poland in adult years. He describes the delight and growing emotion as he approaches the home in which he had lived before going to sea. Suddenly, as he is about to reach the home, his account breaks off into a recollection of his childhood, the story of an uncle who was

part of Napoleon's Grand Army that invaded Russia. His memory centers about the uncle's experiences during the retreat from Moscow and, particularly, about his being reduced to such a state of starvation that he captured a dog, and killed, cooked, and ate it. He describes this tale as having filled him with horror and repugnance, yet it was one that fascinated him and he wanted to hear it again and again.

## DISCUSSION AND CONCLUSION

In Conrad's works it is possible to see in each tale, as a guiding principle in unraveling the life of his hero, an emphasis on a different aspect of psychic functioning necessary to maintain identity. In the totality of his work his characters achieve an identity, a place in the hostile world created by him, through a relationship to different aspects of the psychic apparatus. The working out of the identity evolves through establishing a state of harmony between disparate elements of the mind, whether between ego and ego ideal; ego and superego; elements within the ego, such as the relationship to reality, to other objects, and within components of the self-representation; and between ego and id. Needless to say, I do not believe that Conrad was consciously aware of the selective nature of his creative processes which I ascribe to 'regression in the service of the ego' *(29)*. He apparently had an intuitive understanding of the relationship of his own lack of complete identity to various mental functions and worked out each of these in his stories. In this sense, Conrad's appraisal that his works were not of the imagination but were based upon his own experiences acquires a new validity; not a verity in the conscious sense the statement probably was meant, but in the sense of utilizing his experiences in order to illuminate and play out the different aspects of his identity.

It is possible to discuss Joseph Conrad in the terms of Ernst Kris *(27)* since Conrad's recollection of pointing to Africa on the map, his tale of discovery by his father, and his successful escape from this are indicative of the legendary image that the artist may build up about himself. The truthfulness of these

events in his life is open to question. Greenacre's observations on the importance of the family romance in the life of the artist *(16)* are also borne out by the material from Conrad's life. The nature of his 'love affair' with the world is certainly suggested by the all-encompassing world which he depicted in the totality of his works. Greenacre observed that the childhood of the artist demonstrates great sensitivity to sensory stimulation, unusual capacity for relations between various stimuli, a basic predisposition to an empathy of wider range than average, and an intactness of sensorimotor equipment allowing the building up of projective motor discharge for expressive functions *(15)*. Weissman added a fifth condition, that is, the lifelong durability of sensory experiences, perhaps even from infancy, and their lifelong potential transformability into creative expression *(33)*. All these factors might be illustrated by detailed material from a biographical study of Conrad. Beres' comment that the creative, autonomous portion of the ego functions somewhat separately from the personal portion of the ego *(3)* would seem also to be illustrated by the nature of Conrad's relationship to his wife and to his work.

An important part of Joseph Conrad's personal life appears to have been bound around an intense sense of guilt, no doubt related to his early relationships, deprivations, and losses. He had a need to atone constantly, a personal attitude which found its reflection in his creative works. By surveying the totality of Conrad's work, it is possible to show the unifying principle in the world which he created. That principle seems to be a finding of personal identity through establishing a state of relative harmony between various structures of the psychic apparatus.

It would be of interest to do as Helene Deutsch has done with Lord Jim *(9)*, i.e., study each of his individual stories psychoanalytically. It would also be interesting to study Conrad's manipulation of the time sequences to produce the sensation similar to that of the timelessness of the unconscious; his use of symbolism; the sociologic aspects of his stories (the descriptions of white brutality in the Congo in Heart of Darkness are

particularly pertinent today), and many other more detailed studies. These, however, must be reserved for the future.

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# THADDEUS HOYT AMES

## 1885-1963

Thaddeus Hoyt Ames, one of the early pioneers in the development of psychoanalysis in the United States, died April 17, 1963 at the age of seventy-eight.

He was graduated from the University of Michigan in 1907. Immediately thereafter, he pursued a carefully charted course of medical studies in this country which gave him a thorough foundation in medicine, neurology, and psychiatry. In harmony with the customary procedure of that era, he went to Europe for his post-graduate work. In this ideal setting he came under the direct influence of Freud in Vienna and of Jung (who at that time was an ardent supporter of Freud) in Zurich. He also had the opportunity to further his studies in neurology and psychiatry with leading authorities, including such men as Marburg and Kraepelin.

Upon his return to the United States, Dr. Ames began the private practice of psychoanalysis. He was appointed to the faculty of the College of Physicians and Surgeons and taught psychiatry at the Cornell Medical Clinic. He became an active participating member of The New York Psychoanalytic Society during the trying period of its infancy and was elected president of the Society in 1921.

Dr. Ames contributed many important scientific papers. Those pertaining to his research on shell shock and malingering are of particular significance. His profound interest in religion allowed him to become a leader in pastoral psychiatry.

Psychoanalysis mourns the loss of an important personality; those who had the good fortune to know him have lost a sensitive, warm, cultured, wise colleague and friend.

DUDLEY D. SHOENFELD, M.D.

# BOOK REVIEWS

SIGMUND FREUD-OSKAR PFISTER: BRIEFE [LETTERS]. 1909-1939. Edited by Ernst L. Freud and Heinrich Meng. Frankfurt-am-Main, West Germany: S. Fischer Verlag, 1963. 168 pp.

In a short introduction, Heinrich Meng gives a few data about Pfarrer Oskar Pfister, who was born February 23, 1873 and died in 1956. Ernst Freud's introduction states that, from this correspondence which covered thirty years, one hundred of the one hundred thirty-four letters written by his father were chosen for publication. A third, also very brief introduction, by Anna Freud describes the parson as a strange figure in Freud's home which was so turned away from religion and church. He differed from other visiting analysts in his warmth, enthusiasm, and ability to be interested in the most minute details of the Freud family. In the eyes of the Freud children, he was not a holy man but more like the Pied Piper of Hamelin.

Approximately thirty letters from Pfister are included, the majority of which were written after 1927 when Freud, at Pfister's request, destroyed most of the clergyman's letters. More than half of those published here have been shortened.

It is a special delight to have both sides of this correspondence available. Even when the difference in stature, style, and depth of the two letter writers becomes obvious, both men stand their ground well. Their affection for each other remained unchanged throughout these thirty years.

In his first letter in 1909, Freud is enthusiastic over having found a minister interested in psychoanalysis. He considers the parson's therapeutic position a fortunate one, since he may guide his patient's transference from the therapist toward God. Freud is surprised that he had not realized before how well psychoanalysis could be handled by an understanding clergyman.

Pfister is quick to answer that 'the Protestant Reformation is nothing but psychoanalysis of Catholic sexual repression', and Freud finally calls Pfister and himself 'sexual Protestants'. From the beginning, Freud admonishes Pfister not to shy away from sexuality: he declares that all censorship is bad and cuts deeply into the body of psychoanalysis.

Some of the early letters are written with great patience and in

considerable detail, as though Freud were giving a seminar in writing. For instance, Freud protests against Pfister's use of tests: every word spoken to the patient interferes with his free associations. Freud never disguises his impatience or disagreement. He warns against philosophy and religion: all fundamentals should be left in that semidarkness in which they look so well in our present state of knowledge.

In 1911 he warns against Adler's theories and tries to use words that the parson will understand: 'Adler forgets the words of the Apostle Paul, whose exact words you know better than I do: "and if you don't have love". He has created for himself a system of the world without love, and I am now going to wreak the vengeance of the insulted goddess Libido on him. I certainly have always tried to be tolerant and not to exercise any authority; in reality, this does not work. It is the same as with the carriage and the pedestrians: when I started to drive in a carriage all day long, I got angry at the carelessness of the pedestrians—as I used to be angry formerly at the unmindfulness of the drivers.'

Several years later, October 22, 1927, Freud comments on a technical controversy: 'You know how people are inclined to take rules literally and then to overdo them. This is done, as I very well know, by some of my pupils with analytic passivity. Especially with H. I assume that he spoils the efficiency of analysis through a certain moody indifference, and that he then misses his chance to uncover resistances which he caused through his behavior with the patient. One should not conclude from this case that after the analysis a synthesis is needed; what is really needed is a thoroughgoing analysis, especially of the transference situation. What then remains from the transference should, even ought to, have the character of a heartfelt human relationship.'

Some references provide analytic insights into Freud's own unconscious. For instance, on May 10, 1909, Freud confesses that he has analyzed his 'father complex' (a term which he credits to Jung) and has decided to correct his compulsion to do better financially than his father. He had actually lost his need to do so and had learned this from the relationship to Oskar Pfister.

There are no letters between March 1913 and October 1918, but then the correspondence resumes with a deepened warmth and recognition of Pfister's enthusiasm, his love for truth and humanity,

his courage, devotion, understanding, and optimism. Naturally, Freud's tragic realism remains unchanged: 'I do not torture myself about good and evil, but I have found little good in people'.

Altogether, these letters contain more references to Freud's children and their great affection for Pfister than can be found in any other known correspondence. The children are enthusiastic about the Swiss clergyman, and they always want to visit him and climb mountains with him.

Only once in these one hundred letters does Freud vary the customary salutation of 'Dear Doctor' to 'My dear Man of God' (October 4, 1909). The deepest expression of mutual understanding and respect is perhaps reached in the famous letters of October 1918, already known from Ernest Jones's biography of Freud (Vol. II, p. 199 and pp. 457-459): 'In the first place you are not a Jew, which my endless admiration for Amos, Isaiah, Jeremiah, with the men who composed Job and the Prophets makes me greatly regret; and in the second place you are not so godless, since whoever lives for the truth lives in God and whoever strives for the freeing of love "dwelleth in God". If you would fuse your own contribution with the great world harmony, like the synthesis of notes in a Beethoven symphony into a musical whole, I could say of you, "There never was a better Christian".'

Freud admired Pfister's mildness in his writings which is so much more appropriate for the reader and so little directed against the enemy; Freud confesses that he could not write that way. He can write only in order to free his soul and to express his emotions. Since his enemies would be very pleased to see him angry, he prefers not to answer them at all. Compared with the parson—'a good, loving man, incapable of injustice', Freud calls himself terribly intolerant toward fools.

Pfister considers a world without religion, without art, without poetry, as a Devil's Island fit only for Satan. If psychoanalysis offers such a gruesome, icy climate, he cannot blame people for preferring sickness. Both men discuss matters of religion with ease because, as Pfister explains, 'the danger is not great that you will apply for baptism or that I will come hopping down from my pulpit'.

After the publication of The Future of an Illusion (1927), Freud tells Pfister that it is not his intention to become a successor to Jesus Christ—even if he has great understanding of the words: 'Your sins

are forgiven you. Arise and walk.' He wonders what would happen if the patient were to ask: 'How do you know that my sins are forgiven?'. Freud could not simply answer: 'I am the Son of God. I forgive you.' He could not invite such unlimited confidence; he would have to say: 'I, Professor Sigmund Freud, forgive you your sins'. This, Freud admits, would not work very well.

This letter (November 25, 1928) concludes with a remarkable paragraph: 'I do not know whether you have guessed the secret bond between Lay Analysis and Illusion. In the first one, I want to protect analysis against physicians; in the other one, against priests. I would like to hand it over to a profession which does not yet exist, a group of worldly physicians of the soul, who do not need to be physicians and who should not be allowed to be priests.'

On February 4, 1921, Freud mails an angry postcard. There had been some trouble between Pfister and Rank, as there had been between Pfister and Sachs. Then comes the sentence: 'I defend Groddeck with all my energy against your respectability. What would you have said if you had been a contemporary of Rabelais?'

Oskar Pfister, who is often reprimanded in strong terms by Freud, takes the reproof well and answers undisturbed, as a man from Switzerland might be expected to do (March 14, 1921): 'I understand very well that it is impossible for you to judge differently. The spirit which prompts you to advocate Groddeck is exactly the same as that which makes you the discoverer and pioneer of psychoanalysis. Still I cannot make your judgments mine, not even with the best intentions, and you did not expect that. There exists really a big difference between Rabelais and Groddeck: the former remains in the role of the satirist and avoids the *lapsus* of being taken for a scientist. Groddeck, however, flits between science and literature. You yourself say the trend seems to be definitely scientific, but the deeply rooted punning (*die Verwurstelung mit Witzeleien*) is unpleasant to me. I love a clean sheet of paper, and I love fresh butter. But butter spots on a clean sheet of paper do not satisfy my eye nor my stomach.'

Freud answers almost immediately (March 20, 1921): 'Your statement in matters of Groddeck has honestly pleased me. It must really be possible for us to tell the truth to one another rudely and still remain good friends, as in this case. I, too, do not abandon my opinion about Groddeck; I do not easily become madly fond of someone

(*dass ich an jemandem einen Narren fresse*), but that does not matter.'

In later years, Freud allows a certain melancholic mood to break through (May 26, 1926): 'Life at any rate is not easy; its value is doubtful, and that one should be thankful for having reached seventy-three years of age is one of the unjustified things which my friend Pfister accepts better than I do'. A few years later, Freud discusses the death instinct with Pfister. He realizes that the dissimilarities in their respective philosophies have remained unchanged over the thirty years of their correspondence. He does not have an emotional need to postulate the death instinct, but he does want to explain that puzzling reality which is beyond ourselves. He compares Pfister's optimism with a marriage for love, while his own pessimism is like a marriage for good, rational reasons. He hopes that Pfister's 'marriage' is happier than his own.

Finally come letters from the last, bitter years in Vienna, and Freud begins to worry about his family and writes with tired resignation (May 28, 1933): 'Switzerland does not belong to the hospitable countries. My judgment about the nature of man, especially about the Christian Aryan man, has very little reason to be changed.'

A deeply moving letter from Pfister to Mrs. Freud concludes this remarkable documentation of a lifelong friendship.

MARTIN GROTJAHN (BEVERLY HILLS)

MY SISTER, MY SPOUSE. A BIOGRAPHY OF LOU ANDREAS-SALOMÉ. By H. F. Peters. New York: W. W. Norton & Co., Inc., 1962. 320 pp.

When Lou Andreas-Salomé died in 1937, Freud wrote in his obituary note for her: 'Those who knew her well were profoundly impressed by the sincerity and harmony of her life, and they made the amazing discovery that she was by nature free from the weaknesses of womankind, perhaps most human weaknesses generally, or had transcended them in the course of her life'.

Freud was a generous and chivalrous man, but such unqualified praise was rare for him. He was attached to Lou Andreas-Salomé by a warm friendship that endured throughout the twenty-five years of their acquaintance. She was a loyal follower, an analyst, and an enthusiastic correspondent. This detailed and scholarly biography

is an important contribution to the history of the psychoanalytic movement.

Until the publication of this book her name in this country seems to have been virtually unknown except to a few students of German literature, and even they remembered her mainly as the friend of Nietzsche and Rilke. Her complex personality and her remarkable personal history begin to come to life again in this book, although it is far from complete as a psychological study.

She was born in St. Petersburg a little over a hundred years ago, the daughter of a General in the Imperial Russian Army. Her parents were of principally German descent, the name Salomé, however, being that of a family of French Huguenots who had fled to Germany. She was the sixth child, having been preceded by five brothers, and the darling of her elderly father, whose image 'merged imperceptibly in her mind with the picture of a kind and paternal God'.

In later life Lou drew upon the journals she kept from her earliest youth when she wrote her strangely oblique autobiography, *Lebensrückblick*. She recalled there and elsewhere the period of her childhood when she engaged in elaborate fantasy making, so intense that it obscured the distinction between her inner world and external reality. The psychoanalyst cannot help detecting in this possibly dangerous game the source of her later development as a writer of fiction, which was indeed largely autobiographical. Nor was it less important perhaps as the root of her belief in the reality of the inner world which finds scientific demonstration in psychoanalysis.

During adolescence Lou Salomé fell in love with the first of the older men who, after her father, most influenced her intellectual life. This was the Dutch Reformed pastor, Hendrik Gillet, who had taken complete charge of her education—on her initiative—, but who also made the fatal mistake of asking her to marry him. It was a mistake not so much because he was already married and the father of a family but because Lou Salomé, although she did marry later, had already resolved never to be bound to one man.

She left St. Petersburg, traveled in Switzerland and Italy, and through the young philosopher Paul Rée, met Friedrich Nietzsche in 1882 when she was twenty-one and he thirty-eight. Her friendship with Nietzsche was not only almost incredibly eventful but was also ridden with a demonic excitement that cannot have proceeded

from Nietzsche alone. The interminable conversations and letters, the operatic posturings, the violent scenes and protestations, and Nietzsche's wild fury and deep depression seem to have resulted as much from Lou Salomé's visionary life as from his tormented spirit.

A few years later she met Friedrich Carl Andreas, already a distinguished student of linguistics, who succeeded in overcoming her resistance to marriage by attempting suicide in her presence. She remained married to him for fifty years, but apparently did not accept him as a sexual partner. Instead, a long succession of men became part of her life, some of them as claimants for a permanent relationship, but all rejected after a period of years or only months. Of these the most important was the young poet, Rainer Maria Rilke, who found in her the inspiration and the maternal support —she was thirty-six, he twenty-two—that, no doubt, provided a critical release for his creativity. The further list of her friends, not all men but women as well, reads like a Who's Who of the intellectual life of central Europe. Even Rilke became acquainted with her through another great writer, Jakob Wassermann, the novelist.

Yet the remarkable thing about the life of this *femme fatale* is that it was unusually productive for her as well as for the men whom she so irresistibly attracted. They found in her the most understanding of listeners (as Freud also did later), one able to bring to life in them their own emergent ideas, so that traces of her influence can be found in many of their writings. On the other hand, her unusually dominant imaginativeness, powers of reflection and synthesis, and her shrewdness of appraisal led to her own extensive writings which, in Dr. Peters' list, come to twenty volumes and over one hundred articles. She was at once one of those much-loved women of whom Freud wrote that their personalities are indelibly marked by the characters of the men they have loved and, at the same time, so emphatic a character herself that her lovers and friends reflected her too.

Inevitably, some of these many loves had tragic outcomes. Rejected men suffered, some were bitter, and two of them appear to have committed suicide on account of her. She herself lost, perhaps voluntarily, the pregnancy for which surely one side of her being longed most of all. Her literary activities also seem to have come into a period of dryness preceding the last great phase of her life following her meeting with Freud in 1911—a meeting she shortly

afterward called the 'turning point'. This too came about through another man, Dr. Paul Bjerre, who accompanied her to the psychoanalytic congress in Weimar.

Her exceptional capacity for comprehending new ideas and reading from them consequences which even their begetters did not expect would have shown itself in other situations, but she was particularly well prepared to understand Freud. Her long preoccupation with the vicissitudes of sexuality, her personal attachments, and her firsthand grasp of the creative process, found their intellectual recognition in Freud's system. Oddly enough, however, her journal, *In der Schule bei Freud*, in a passage not mentioned by Dr. Peters, indicates a lack of insight into her own neurosis; she wrote there that it was 'no conflict between the surface and the depths' of her psyche that brought her to psychoanalysis. Her history reads otherwise. She was certainly one of those for whom psychoanalysis served to exorcise devils through reason and, at least partially, to transcend the dichotomies of experience. Though not a great innovator herself in psychoanalysis, she found in it a new medium for the expression of her own ideas.

Freud wrote once that his case histories read like novels. The biography of Lou Andreas-Salomé is more surprising than most novels, and Dr. Peters writes it well. If he does not quite succeed in showing how the many faces of Lou Andreas-Salomé could have been unified in the serenity and nobility that Freud saw in her, it may be because of her very mystery which fascinated men. It may also be because Dr. Peters had to depend so much on her published writings. Professor Binion of Columbia University has lately had access to her unpublished journals and he informs me that she concealed as much as she revealed when she wrote about herself. Her story, well told in this book, has perhaps not yet come to an end.

STANLEY A. LEAVY (NEW HAVEN, CONN.)

FREUD: A CRITICAL RE-EVALUATION OF HIS THEORIES. By Reuben Fine, Ph.D. New York: David McKay Co., Inc., 1962. 307 pp.

'This book undertakes to examine the whole body of Freud's thoughts, to clarify what he said, and to review his ideas critically in the light of the best available existing knowledge.' So the author

begins his preface. He goes on to state that in the course of writing his book he found that no comparable attempt had ever been made 'with the exception of Ernest Jones' whose work is in a different category. It would not be difficult to take issue with Fine in this regard; others have undoubtedly done the same in various ways. Fenichel's The Psychoanalytic Theory of Neurosis, which is still the classic, certainly discusses every point that Fine makes, but in a different context and with a somewhat different aim.

What distinguishes Fine's work is that he restricts himself almost exclusively to what Freud has written. He does this by dividing his book into four parts. The first covers the beginning of psychoanalysis from 1886 to 1900: the historical antecedents, the early explorations of neurosis, and the period of Freud's self-analysis. The second part has to do with the first attempt to formulate a psychoanalytic system (1900-1914) and covers id psychology, with chapters on the unconscious, libido theory, transference and resistance, and resolution of the classical neurosis; twenty-five pages of famous case histories; the relationship of psychoanalysis to anthropology and art; and a brief chapter on the reactions of the scientific world to Freud (which might better have been omitted). The next five chapters take up ego psychology, the period of Freud's writings from 1914 to 1939. With the exception of the chapter previously objected to, Fine writes with excellent clarity and simplicity. His review of Freud's writings is admirable.

The last part of the book, entitled Retrospect and Prospect, covers subsequent developments in freudian theory, the relation of psychoanalysis to psychiatry and psychology, and the 'schools' of psychoanalysis. Here the tendency to review the field too briefly, as, for example, to treat the various schools in two pages, does not do justice to the subject. Fine is so eager to prove his thesis 'that basically today we are all freudians no matter what name we are called', that his critical objectivity leaves him. Such lapses, however, do not detract from the excellence of the major intent of reviewing and abstracting Freud's writings so succinctly, though it is a little difficult to understand why, beginning with the avowed objective of being critical, he has to press the point that 'we is all God's chillun'. This is noble brotherliness but not necessarily scientific.

The book is primarily a review and might better have been so titled. The critique of Freud is hardly substantial. It consists mainly

of tracing historically some of the changes that occurred in Freud's ideas and theories. One may wonder what audience the author intended to reach. It may very well be suitable for some sophisticated lay groups who want condensed abstracts of Freud's works. The book would also be excellent for a one-year seminar or a course in some of the ancillary professions in which an over-all view of Freud's work might be prescribed. It is hardly suitable, however, as a textbook for training in psychoanalysis because students would be expected to study original sources. Notes at the end of chapters giving further pertinent references and brief comments are extremely useful, as are also the extensive footnotes and bibliography. A chronological list of Freud's writings is appended.

Obviously committed to the historical approach, Fine makes the task of reviewing Freud's works somewhat easier. Whether this is the best way to study Freud's writings, from the point of view of psychoanalysis as a psychological system, is debatable. It is easier to teach psychoanalysis chronologically. It may be that, in the not-too-distant future, this traditional approach will give way to the presentation of psychoanalysis as a systematic science.

NORMAN REIDER (SAN FRANCISCO)

CHILD DEVELOPMENT AND CHILD PSYCHIATRY. Edited by Charles Shagass, M.D. and Benjamin Pasamanick, M.D. Washington, D. C.: The American Psychiatric Association, 1960. 225 pp.

This paperbound volume, the outcome of a Regional Research Conference in honor of Dr. Arnold Gesell's eightieth birthday in 1960, is not a report to read from cover to cover. The papers are uneven and they are only loosely related. Although many of the papers raise provocative questions about methodological obstacles to the study of child development, contributions from psychoanalysis (except Anthony's paper) and those stimulated by Piaget are conspicuously absent. Some psychoanalytic formulations that are cited are characteristically oversimplified in order that they may become categories that can be counted.

Knobloch and Pasamanick report on An Evaluation of the Consistency and Predictive Value of the 40-Week Gesell Developmental Schedule, finding it '. . . reliable and valid . . . for identifying infants

with deviations in neurologic or intellectual development . . .'. Their conclusion, however, that in healthy infants the test is useful predictively in the intellectual sphere is questionable; most workers in child development agree that later superior intelligence cannot be predicted from infant test scores. Escalona and Moriarty (1961) state that this report by Knobloch and Pasamanick is the only one not in agreement with the observation that '. . . no significant correlations have been reported between test scores obtained at less than one year of age and intelligence test scores obtained in middle childhood'. The disagreements center about the fact that what is described and measured by infant tests is related to but not the same as those functions that are assessed by tests of intellectual capacity at a later age. As Provence (1962) has stated, 'Infant tests do have predictive value if one looks at something other than developmental quotients'. Knobloch and Pasamanick go beyond the limitations of the test.

At the end of the discussion following her presentation, Dr. Knobloch indicates that adoptions should not take place before four months of age because some of the maturational neurological factors may not show up as deviant until that age and because 'I do not believe that we have ever had any difficulty in this country in placing babies four months of age for adoption'. There is increasing evidence that what happens to the baby and the adoptive mother in the first four months of the infant's life is important for their later development as individuals and as a mutually interacting couple. The developmental needs of adoptive parents as well as the infant can be seriously thwarted by not permitting healthy babies to be taken by the adoptive parents before four months of age.

The expectation that the Gesell test can do a respectable job in predicting from the forty-week test what the healthy infant's functioning intellectual capacity will become in later life tends to delay early adoptions on the questionable basis that infants and parents can be better matched after the forty-week test. Fortunately, there is growing conviction that the advantages of early placement can be protected and the risks of inappropriately placing a defective child can be minimized by a careful pediatric evaluation of the neonate.

In the authors' presentation there appears to be apprehension

that organic factors will be overlooked if one gives serious attention to psychologic factors in early child development. It is essential to realize that both factors are crucial. In emphasizing the importance of organic neurologic deviations, Dr. Knobloch states in the discussion of this paper, 'I believe there are probably many subclinical encephalitides of which we become aware merely because someone happens to do a spinal tap in a situation where he ordinarily would not have bothered if he were a little more rushed'. It is not clear what is meant by subclinical, but if Dr. Knobloch is referring to a clinical consideration of encephalitis, such a statement is capricious since the medical procedures involved in the diagnosis and treatment of this condition are serious and are not usually determined by whether the physician is rushed.

In the paper, Rate of Development, Body Build and Personality, Boyd R. McCandless interprets reports from the literature on this subject. He believes that early physical maturation is socially advantageous for boys because of society's reactions to the mature as compared to the immature boy. What is defined as advantageous emphasizes social conformity and omits such traits as independence, initiative, and intellectual development. McCandless believes that there is evidence to suggest that for girls it is a social disadvantage to mature early rather than late. The studies reported depend heavily on content interviews and projective tests. Such evidence tends to corroborate clinical impressions derived from studies of manifest behavior, but omits the consideration of underlying determinants essential for the assessment of personality development.

E. James Anthony reports on An Experimental Approach to the Psychopathology of Childhood—Micropsia. Dr. Anthony ingeniously combines clinical observations, theoretical concepts of perceptual development, and experimental methods to study the clinical phenomena of micropsia in childhood. This report is deserving of careful reading because of Anthony's attempts to utilize experimental methods that respect the complexity of the clinical subject, using the theoretical considerations of perceptual development that psychoanalysis and Piagetian inquiries have contributed. Children with micropsia often prove to be timid and introspective with a compelling interest in perceptual phenomena. They have had difficulty in autonomously establishing an image and concept of the size-constancy of a given external object when its proximity varies.

Anthony describes a phase of perceptual development between five and twelve years which results in the child's no longer interpreting the apparent shrinking of the receding object as a diminution in size of the object. Using simple visual procedures, Anthony demonstrates experimentally how vulnerable the constancy factor is to perceptual manipulations, especially during the middle years of childhood (five to twelve). The major difficulty in clinical micropsia is that of the central organization of the visual image, which can be influenced by organic, emotional, or developmental factors as the retinal image is transformed and interpreted. In micropsia determined by emotional factors, there is regression in which the retinal image replaces the centrally organized interpretation of it. Thus, there is a dominance of the retinal image in the field of perception. Anthony suggests that such a regression may be instituted to deny the danger or discomfort of what is perceived or that it may serve to defend against regressive wishes for the breast, thus relating it to the Isakower phenomenon.

Alfred M. Freedman and his co-workers, in The Influence of Hyperbilirubinemia on the Early Development of the Premature, show that increased blood bilirubin is associated with retarded development and that it is one of the specific factors responsible for an increased incidence of brain dysfunction in premature infants. Along with this conclusion they note, without explanation, that male infants are more vulnerable than female to prematurity and to hyperbilirubinemia. There is a tendency to cancel the varying influence of experience on these children, as though it is relatively the same, and can be considered a constant. Freedman lucidly discusses the need for better prenatal care for those of the lower socioeconomic groups who do not avail themselves of such care and who appear to have a high incidence of premature births.

Blauvelt and McKenna, by a method using standard stimulation of a neonate, conclude that 'the repetitive response of the neonate to perioral stimulation is shown experimentally to be precisely patterned to the pattern of the stimulation'. As one of the discussants, A. S. Norris, suggests, the method is awesome and there is the difficulty of relating the microscopic view of behavior elicited by this method to the over-all behavior of the child and mother.

Bayley and Schaefer report on one segment of the Berkeley growth study, attempting to find correlations between certain attitudes of

mothers and the development of certain personality patterns in their children. 'The data with which we are working are very complex, and we are struggling with the process of organizing them into meaningful patterns, and with presenting them in useful form.' Later they state: 'We have converted descriptive notes on both the mothers and the children into scores that can be treated statistically'. Throughout there is an effort, as the authors note, to force the clinical and observational data to fit a measuring instrument that can be analyzed statistically. For this reviewer the methods used did not clarify, systematize, or reduce the data for the purposes of making the subject more understandable. The authors state: 'We should emphasize that we are dealing with observed overt behaviors, and can thus make no direct tests of underlying conflicts or motivations'; and yet this research is reported to yield findings about attitudes, behavior, and personality development that require an understanding of underlying conflicts and motivations. For example, Bayley and Schaefer attempt to assess maternal traits in the continuum of autonomy-control and love-hostility from observations of mothers while their children are being tested. No clinical evidence is offered of the mothers' underlying reactions to or conflicts about the test or the mothers' conflicting attitudes toward the children. The ratings report assessments of friendliness-affection as compared to hostility without the data necessary for an understanding of the vicissitudes of ambivalent attitudes.

The authors conclude: 'What we do have is some evidence for trends in mother-child relationships for a group of normal[1] children. These trends show sex differences and changes over time as the children grow older. The boys in this study tended to do well if their mothers are loving at an early age and at adolescence also granted autonomy. The girls appear to be a little more consistent in their own behavior patterns, and also to show more correlation with their mothers' concurrent maternal behavior. From our data we cannot say whether the mother-child interactions are determined primarily by the behavior tendencies of the mother or the child.'

Gildea and her group relied heavily on questionnaires in their Two Approaches to the Study of Maternal Attitudes. It seems to this reviewer that research using questionnaires does not answer our need for better tools when we are attempting to make progress in the

[1] No evidence or criteria are given for what the authors consider 'normal'.

area that Freud opened up by his pioneer work. Questionnaires may help to describe defenses and to corroborate clinical impressions, but they are unsatisfactory for describing highly charged attitudes which are involved in unconscious conflict.

This report describes a correlation between the attitudes of mothers and the adjustment of children as observed by their teachers. The authors state: 'The mothers who can perceive the multiple influences on child behavior, and at the same time can see their own role as one potent influence, are relatively less likely to have disturbed children. On the other hand, the mothers who cannot see themselves as either responsible or potent are more likely to have disturbed children.'

In the last paper Albert J. Reiss sets forth a sociologist's approach to Conforming and Deviating Behavior and the Problem of Guilt. 'This paper is an exploratory study providing some empirical evidence to answer the question: How do most individuals respond to having violated a moral standard?' Reiss utilized personal interviews with one thousand eight boys aged ten to eighteen to classify types of deviating moral behavior.

It is his conviction that 'the fear of being found out and the corollary consequences of social sanctions operate against reintegration of the deviator with the larger conforming society'. He adapts psychoanalytic theory to a sociological investigation in a manner that distorts its theoretical and clinical implications. For example, in the interviews of these boys they were told, 'Now, let's think of a time not long ago when you did something you knew was wrong or bad. . . . I don't want you to tell me about it, but just think about it . . . O.K.?' Later, less than one half of the boys were asked what wrongdoing they had been thinking about. From what we know of adolescent development and of how people behave, psychoanalysts would not be surprised to find that these boys become defensive and less concerned with telling what they know of themselves than with protecting themselves from discomforts and the feelings of apprehension evoked when an investigating adult asks them to discuss their secrets of wrongdoing. Professor Reiss is surprised that '. . . boys are about as likely to show an instrumental concern for themselves as to show a moral concern for the welfare of others'. This study seems designed to evoke that finding. Guilt feelings and a sense of moral wrongdoing are related significantly to unconscious reactions,

and usually cannot be accurately assessed by interviews such as those described in this paper.

Perhaps the most significant contribution of this volume is the opportunity it provides to consider a number of research methods and designs as applied to the investigation of child development by individuals with differing theoretical and technical orientations.

ALBERT J. SOLNIT (NEW HAVEN, CONN.)

CHILDHOOD SCHIZOPHRENIA. By William Goldfarb, M.D. Cambridge, Mass.: Harvard University Press, 1962. 216 pp.

The Director of the Henry Ittelson Center for Child Research again demonstrates his creativeness as clinician, researcher, multidisciplinary team leader, and writer, in this account of twenty-six latency-age schizophrenic children, eighteen boys and eight girls, in residential treatment. Controls were a group of public school children matched for age and sex.

History, clinical observations, neurological studies, and a series of quantitative and qualitative tests of ego functions and adaptive capacities were used to assess the children. Rigorous attention was given to avoidance of bias and to independence of observations and evaluations. For example, the neurologist made his evaluations without knowledge of the neurological appraisals of the psychiatrists. The statistical data derived from over seventy tests were subjected to an independent statistical analysis by the late Irving Lorge who employed the Factors Approach. The families of the schizophrenic children (all intact families living in the neighborhood) and of the controls were studied and rated on a scale designed to yield a measure of family adequacy. Extended home visits, during which the experimenter was a participant observer with the family, made possible accurate appraisals of such variables as parental exercise of control over the child.

The findings support the hypothesis that childhood schizophrenia 'obviously is not a unitary, etiologically specific and positive disease entity relentlessly unfolding itself; it is merely a label indicating that the child deviates dramatically from normal in ego functioning, that he lacks normal guides for self-regulation, for achieving self-identity, and for differentiating himself from the world outside

himself. Aside from the deficits in ego, one notes clinically a panic-inducing state of strangeness and a complicated variety of compensatory adjustments for finding constancy.'

The study delineated two groups of schizophrenias, the organic and the nonorganic. Seventeen of the twenty-six schizophrenic children were diagnosed organic, nine nonorganic, a distribution even more striking when we learn that, while the Ittelson Center admits only the most seriously disturbed children, it excludes those with obvious neurological disorders such as epilepsy and cerebral palsy. The diagnostic procedures developed by Goldfarb and his co-workers for detecting the less obvious or 'soft' signs of organicity will be regarded by some clinicians as the most valuable single product of the research.

The similarities and differences between the normal and schizophrenic groups in general, and between the organic and nonorganic schizophrenic subgroups are presented in detail. That the nonorganic schizophrenic child is more adaptive and has a better prognosis in general than the organic was foreseen, but Goldfarb, unlike some writers on the subject, is not hopeless about the treatment of the schizophrenic brain-injured child; the discouragement of so many writers about such children probably results from their having experience only with advanced cases, schizophrenic children suffering from the secondary and tertiary effects of prolonged family, community, and medical neglect. More precise, prognostic knowledge will emerge only from early and intensive treatment (of the quality provided by the Ittelson Center) of many more children. This treatment program and its development is summarized in the introductory chapter.

The families of the normal children were found to be significantly more adequate than those of the schizophrenic group as a whole, but the families of the organic schizophrenic children were significantly more adequate than those of the nonorganic children, and not significantly inferior to the families of the normal children. Of the several possible explanations for these findings, Goldfarb prefers the hypothesis of multiple etiology which impresses me as the most parsimonious. The parental psychopathology important in the development of childhood schizophrenia is 'parental perplexity', particularly 'parental uncertainty and indecisiveness, the absence of parental spontaneity and empathy, the absence of

immediate parental sensitivity to the child's needs for gratification, parental bewilderment in the face of bizarre behavior by the child, and a striking absence of clear, definable parental control and authority'. The need for concurrent treatment of the parents is stressed.

H. ROBERT BLANK (WHITE PLAINS, N. Y.)

COMPARATIVE PSYCHOLINGUISTIC ANALYSIS OF TWO PSYCHOTHERAPEUTIC INTERVIEWS. Edited by Louis A. Gottschalk, M.D. New York: International Universities Press, Inc., 1961. 221 pp.

Divided into three parts, this volume consists of an introduction, five research papers, and a discussion by each contributor. Four research groups in psycholinguistics were given tape recordings of two psychotherapeutic sessions and each was asked to make an independent analysis. Autonomic changes in the patient and therapist were measured during these sessions. The investigators then met, presented their analyses, and briefly discussed each other's work. The introduction explains this arrangement, presents a description of the patient and the therapy, and publishes a transcription of each of the two sessions and a table of physiological measurements.

The investigators included workers in psycholinguistics, a physiologist, several psychiatrists, and psychologists apparently acquainted with psychoanalysis or learning theory and content analysis.

The first paper, by Hans Strupp, analyzes the therapist's activities by means of the author's familiar sets of categories and intensity scales. These scales involve such items as type of therapeutic activity, the degree of inference, and the dynamic focus of the therapist's statements, his initiative, and the therapeutic 'climate'.

Jaffe analyzes the two sessions by a series of ratios which measure diversity of word choice, rate of verbal output, and the tense of the verbs. Jaffe describes what he calls dyadic analysis—consideration of verbalizations of the two interactants collectively. His paper shows careful statistical analysis. By using five-minute intervals, Jaffe attempted to measure change in his indices as the session proceeded. It is noted that his measures seem to have little relationship to his intention of analyzing the organization of the two speakers as a unit. His three indices relate to both paralanguage and language, between which Jaffe does not differentiate.

The essence of Mahl's approach is correlation of speech variables with the patient's anxiety. Mahl, like Jaffe, introduces ratios, counts selected variables, and uses statistical correlation. He employs a 'speech disturbance ratio' and a 'silence quotient'. Mahl's techniques seem ingenious and his paper is commendable for detailed presentation of source data and statistical analysis. To this reviewer, however, his decision that his ratios measure degrees of anxiety represents speculation which Mahl treats as established.

The paper of Gottschalk, Springer, and Gleser is also based on content analysis. Unlike the previous three researchers, these men confine themselves to lexical content which they do not confuse, at least explicitly, with paralanguage. The categories are based upon psychoanalytic theory. They consist of scales to measure hostility, anxiety, and schizophrenic disorganization. The report is outstanding in its painstaking application of the technique of content analysis. Careful ratings, graphs, and statistics are presented and the method appears to be based on long-term research in establishing the categories and their validity. Their approach seems useful for clinical research in situations which call for structured description of one interactant.

DiMascio's paper is a clear presentation of the physiological data and its correlation to the psycholinguistic indices. The correlations between DiMascio's autonomic measures and the psycholinguist's ratios are not striking, a point which leads DiMascio to question the validity of the indices. One of his most interesting findings is suggestive correlations between some of the ratios in the patient's speech and the autonomic measurements of the therapist.

The psycholinguistic analyses are by far the most detailed and sophisticated this reviewer has seen. There is a pressing need in research in psychotherapy for objective analysis and the publication of raw data instead of highly generalized conclusions. These authors have shown precision and clarity of operational definition.

The work, then, is a fine example of the psycholinguistic approach, but a critique of that discipline in general should be presented to the psychoanalytic reader. The criticisms to be made apply not only to this volume but to most psycholinguistic research.

Work in psycholinguistics is limited by a tradition of method inherited from experimental psychology and chemistry. An axiom of the American experimental method is isolation of variables, and the

isolate is selected by speculation rather than research. In this volume three traditional isolations are practiced: 1, taking one individual out of his communicational and social context; 2, selecting only one modality of expression or communication; and 3, chopping out segments of time without reference to natural units of function. The meaning or reference of any event is found not within the event but in its relations. The meaning of a dream symbol lies not in the symbol alone but also in its relations to such contexts as daily residues, transference, and childhood experience. Isolation of single speech variables allows description of some mechanisms within the speech of one individual. It does not allow conclusions about communication in the doctor-patient relationship or about individual states such as affect.

The isolation of one individual and the examination of him by psychological or psychoanalytic methods permits us to learn what he intended to say, what he thinks he said, or how he feels about it. It does not tell us what was communicated. Communication is a group phenomenon like coöperation or symbiosis.

The isolation of the speech modalities from total individual communicational behavior, however, deprives us of conclusions even about the individual. Communicational behavior is an organization or totality of multiple modalities including speech, body movement, touch, and body noise. Affect is not conveyed in a single modality.

Body motion at any moment may re-enforce, negate, modify, or belong to a pattern other than speech. Furthermore, speech consists of two modalities, language and paralanguage, which also can have different functions in communication. Psycholinguistics, in general, fails to differentiate language and paralanguage and completely ignores the other modalities. To isolate one subject and then further isolate modalities of expression will leave the researcher with quite fragmentary data.

The psycholinguist then complicates his task by making a further arbitrary isolate in time. Communicational events can last from fractions of a second to years. Their length is not determined by astronomical time. Many last about one-eighth to one-quarter second, so that a five-minute interval may aggregate thousands of successive messages in one modality. Also, the meaning of behavior is determined by the way in which it is cross-referenced in larger units of time. For example, a certain type of smile may indicate that

hereafter each statement made is to be regarded as figurative. The opening statement, 'I had a dream', demands that subsequent revelation, in affect and content, have a different reference from discourse which is initiated by saying, 'I had a horrible experience'. These and other vital elements are lost in an arbitrary isolation.

In other words, within the same arbitrary unit of time will be found multiple messages with very different durations and implications, while some of the elements which are essential to the meaning will not even be contained within this arbitrary unit of time. Imagine interpreting an isolated piece of tape from the recording of an actress who was imitating someone else being anxious!

Another distortion results from arbitrary isolation and counting. The number of recurrences of behavior may indicate many things. Stuttering, for example, may continue until it is reacted to by another participant. Even if speech deviations do measure anxiety, the number of repetitions does not necessarily indicate a greater intensity of affect. Strupp takes up this general problem in his sophisticated discussion (chapter nine).

The choice of an isolate is not an a priori decision but must be a result of the research. The fragmentation of natural units distorts phenomena which have natural integrity. Such fragmentation, moreover, has been rendered unnecessary by progress in the sound filming of psychotherapy. These recently developed techniques provide a record for analysis in multiple modalities.

The methods of natural history enable us to deal systematically with the complexities of both behavior and interaction. Methods for delineating units of language have already been laid out. Work in the units of language has been carried forward markedly in twenty-five years of precise and rigorous research by the structural linguists. Thus the psycholinguists do not have to take on the tedious investigations necessary to establish these units. Rate, intensity, and other paralinguistic elements have also been under study for years, for example, in Lorenz's psycholinguistic study of speech rate nearly a generation ago. Yet there is no reference in this volume to the literature of structural linguistics, or for that matter to kinesics, interaction chronography, discourse analysis, or to the other disciplines used in analyzing communication. Mention of certain pertinent research in psycholinguistics is also omitted.

In summary the authors do a precise and competent job within

their framework, but the psycholinguistic framework requires critical reformulation. The key to human communication lies in seeing it whole rather than in atomizing it into artificial fragments.

ALBERT E. SCHEFLEN (PHILADELPHIA)

SOCIETY AND PERSONALITY. AN INTERACTIONIST APPROACH TO SOCIAL PSYCHOLOGY. By Tamotsu Shibutani. Englewood Cliffs, N. J.: Prentice-Hall, Inc., 1961. 630 pp.

'To understand what a man does', says Shibutani, 'an observer must get at the assumptions with which he begins'. To appreciate this book, one must accept the interactionist approach in social psychology, the formulation of 'man's personality . . . as developing and being reaffirmed from day to day in his interaction with his associates'. To the author, such a study bears to psychoanalysis and other individualistic disciplines a relation like that of anatomy and physiology to cytology. His own treatment, however, is microscopic as he dissects and defines conduct as reflected in act, in meaning, in role in the person, and in the group.

Shibutani ranges widely over variations in cultures, in communications, in the roles played by individuals, in the development of their sense of identity, their self-esteem, status, and self-control; yet he is consistently guided by one recurring theme—that those with whom an individual associates re-enforce or inhibit the tendencies peculiar to him. The author's explorations end in the contemplation of social psychology in this brave new world, courageous of necessity because it is perplexed, and awed by the potential threats of nuclear power and of automation, and by the bewilderment of living in the 'gigantic interdependent units' of industrialized urban life. Here he sees the social psychologist as mentor and as leader.

Widespread and diversified as is his field, and complex as are some of the details, he describes it simply enough for a freshman newly come to college from his father's dairy farm, or the hypothetical visitor from outer space to visualize it, to understand from it much of human society. This is largely because the author's abstractions are delineated sharply enough to serve as beacons from lookout to lookout, and his generalizations are endorsed by many examples.

So much for what the author says; what does he leave out, de-

liberately refrain from including? Reflections of Ruesch are to be found in the importance imputed to communication, whether this be information passing from one man to another, or the awareness of one's own state of mind. Sullivan's shadow falls on many pages where relations between psychopathology and disturbed interpersonal relationships are discussed. But the freudian reviewer has a sense of lack in the many instances when mention of the primary process, or of repression, or of defense mechanisms, or of the pleasure principle, would elucidate and connect phenomena described as discrete and largely unrelated and without apparent cause. Again, the forces which are described as conscience—the author scrupulously avoiding the term superego—are depicted as reactions to contemporary evaluation rather than as archaic and due to parental influences.

Yet, as the author is a social psychologist and not a classical analyst, it is prejudiced and unrealistic to compare his book to what it would have been had someone else written it. The classical analyst viewing environment and behavior as projection and expression of intrapsychic turmoil is refreshed and startled by the social psychologist who peers into the psyche from without and depicts conduct as the result of solely contemporary rather than of partly archaic forces.

GERALDINE PEDERSON-KRAG (NORTHPORT, N. Y.)

AN ANATOMY FOR CONFORMITY. By Edward L. Walker and Roger W. Heyns. Englewood Cliffs, N. J.: Prentice-Hall, Inc., 1962. 103 pp.

For those rooted in the clinical methods of approach this study project, financed by the Ford Foundation, is difficult to accept as a guide. Both authors see mature research as experimental and steeped in measurement and quantification. For them the historical method does not exist. This principal reduction of field implies that the clinician will not find an investigation of the various modes of behavior and awareness as manifested in the processes of identification and conformity. Worst of all, this great source of information is for the most part omitted. The result is an experimental investigation of the obvious: asking students various questions and arranging the answers neatly and statistically so that the result acquires a tinge of sophistication. No differentiation is made between apparent and pseudo conformity, taking into account the ambivalence of mo-

tivations. The role of anxiety and terror as related to conformity is not investigated, nor is the influence of transference and other elements of emotional interaction.

The authors let their postulates of Q-technique and quantification stand in their own way. That is why they do not get a final answer other than that the more valued the reward, the more frequently we see conformity of behavior. The investigators do not seem concerned that psychoanalysis is relevant here in postulating a great variety of contrasting motivations that originate from various phases of the individual's growth.

Yet this kind of *reductio ad absurdum* is what is called scientific in our age of upheaval and attracts the bulk of money available for research. The book connotes not 'an anatomy for conformity' but only the imposition of a special scheme of research onto a huge and profound problem. We do not find any sinews in this anatomy, only the brand of the Q-technique.

JOOST A. M. MEERLOO (NEW YORK)

PSYCHIATRY, VOLUME I. PRINCIPLES. Part 1, Personology; Part 2, General Psychiatry. By Eduardo E. Krapf, M.D. New York: Grune & Stratton, Inc., 1961. 244 pp.

In his presentation Krapf does not necessarily follow the doctrines of any school, nor does he offer a textbook, but rather an outline to be used in preparation for an examination. Describing himself as a disciple of Aristotle and of Thomas Aquinas, he believes that the basic position of Freud was not positivism but an anti-Cartesian humanism which serves well as the central core of a universalistic conception of man, assigning to their proper places the cerebral apparatus, the instincts, and the specific 'spiritual' energy of the ego. Within the framework of this clear, simple, and modestly stated philosophy, Krapf describes, in Part 1, Personology; in Part 2, the Principles of General Psychiatry.

MARTIN GROTJAHN (BEVERLY HILLS)

# ABSTRACTS

**International Journal of Psychoanalysis.** XLIII, 1962.

**Contributions to the Twenty-second International Psychoanalytic Congress. Edinburgh, July-August 1961.**

**The Curative Factors in Psychoanalysis.**

**I. The First Phase of Psychoanalysis.** Maxwell Gitelson. Pp. 194-205.
**II.** Sacha Nacht. Pp. 206-211.
**III.** Hanna Segal. Pp. 212-217.
**Contributions to Discussion.** Pp. 218-234.

Gitelson discusses the theoretical curative factors already operating at the beginning of analysis. The 'more or less good' mother-child situation is the model for the relationship with the analyst with its potentialities for health. Under normal conditions, spontaneous tendencies of the libido to move from deep narcissistic attachments toward investment of external and internal objects are given an element of structure and an opportunity for ego change in a transference relationship. The analyst, by his own ego-controlled regression, achieves a diatrophic attitude, acting like a good mother in fostering the drives which permit ego development and progression. Rather than becoming a good object or suggesting 'growth' to the patient, the analyst operates as an auxiliary to the patient's ego with its own intrinsic potentiality for reality-testing synthesis and adaptation.

Nacht discusses the 'humane relation in the transference'. He feels, with Glover, that therapeutic effect must be credited not to interpretation alone, but in combination with other factors, and that the common denominator of the curative factors resides in the person of the analyst. What the analyst is rather than what he says is important.

Segal returns to the point that insight is a precondition for any lasting personality change and that all other subjects are related to it. She defines psychoanalytic insight as the acquisition of knowledge about one's unconscious through experiencing consciously and, in most cases, being able to acknowledge explicitly and verbally, hitherto unconscious processes. She feels that such insight can be experienced only in the transference relationship and credits Melanie Klein with expanding the concept of the transference. Insight is therapeutic because it leads to the regaining and reintegration of lost parts of the ego, permitting normal personality growth. This is inevitably accompanied by more correct perception of reality. Knowledge replaces omnipotence and the external world can therefore be dealt with more realistically.

The importance of integrating split-off early envy is mentioned because devaluation and excessive idealization—defenses against envy—are damaging to the ego. At the completion of analysis, the patient does not retain insight in the same way it was experienced during the analysis but subjects it to normal repression. It is therefore possible to speak of unconscious insight which is available to the ego as are other experiences under normal repression.

In the discussion, Pieter Kuiper objects to Gitelson's description of the attitude of the analyst as providing measured gratification to the patient's irrupting instincts and direction and purpose to his developmental drive. He feels that this should occur only in more disturbed patients. Many analysts treat neurotic patients as borderline cases, because of their own early experience with severely disturbed people. New insights into ego psychology, aggression, and the precedipal phase must be used in the classic analytic technique.

Pearl King agrees that the quality of the analytic situation contains the 'cure' and that Gitelson's description of the analyst's function as diatrophic seems useful if he means maintaining an open-end acceptance of the patient as he is.

Paula Heimann comments that the analyst must both respect and foster the inner psychic process which began in the patient before analysis. Criticism is directed to the clarification of the 'measured gratification' which the analyst provides, and also the instructive, advisory, and persuasive interventions described by Gitelson. Heimann feels that the analogy with the infant in the object finding stage can be carried too far; the analyst is not the patient's mother, nor is the patient the infant of long ago.

In his reply, Gitelson emphasizes that he is exploring what is already operative toward 'cure' in the patient when he comes for analysis and during the early development of the psychoanalytic situation. These may be more easily studied in more disturbed patients but are nevertheless also present in others.

Referring to Nacht's paper, Angel Garma reports continuing research concerning the motivation of incorrect interpretation on the part of candidates in psychoanalytic training. With further analysis of the unconscious attitudes producing incorrect interpretations, candidates became better therapists.

Heimann points out that Klein's last theories of the inborn nature of envy and gratitude essentially change the understanding of instinctual drives as Freud presented them. Acceptance of these theories conditions the analyst's technique in that the patient's actual fears and fantasies, based on his observation of the analyst, would appear not to be important for interpretation, while the analyst would focus on the patient's envy, splitting, and projection.

The final formulations are in terms of ego psychology. The curative factors are those which free and strengthen the patient's ego. The analyst's interpretations aim to stimulate the patient to know and to perceive himself. This self-awareness is effective only if the experience includes the emotional change and cathexis that pertains to the immediate situation.

**The Superego and the Ego Ideal.**

**I.** Herbert Rosenfeld. Pp. 258-263.
**II. Superego and Time.** Hans W. Loewald. Pp. 264-268.
**III.** Edith Weigert. Pp. 269-271.

Rosenfeld discusses the relation between the early and the later superego. In latency, because of the persistence of inner persecutory anxieties deriving from the early superego, complete and uncritical identifications with the external objects are made, thereby splitting off the persecutory and highly idealized aspects of the early superego.

In adolescence, these split-off parts normally come to the surface and are projected onto external objects, denying the real aspect of the external object. In order to achieve change in the early superego, which is concentrated around and related to reactions to early reality experiences, the relations to the mother and the breast in the transference situation must be worked through. During analysis, fixation and the original paranoid-schizoid position lessens, and the patient can move toward the depressive position which is shown in a greater capacity to experience ambivalence and, therefore, concern for the object.

Changes in the ego and object relations and in the superego can then occur. Only when the early superego has overcome most of its persecutory qualities can selective identification with real objects and their qualities take place.

Loewald suggests that structural relations be thought of in temporal terms. Psychic time implies an active relation among the temporal modes, past, present, and future. The ego represents the psychic present, which acts on the psychic past. The superego functions from the standpoint of the ego's future—which is to be reached, or is being reached, or is being failed or abandoned by the ego. The superego, as the structure looking back toward the ego, commands, threatens, rewards, loves, and hates it. Conscience speaks to us from the viewpoint of an inner future.

Loewald describes the successive stages of development beginning with the ideal ego which represents the recapture of the primary narcissistic omnipotent perception of the child by magical identification with the parental figures. At that time the distinction between inside and outside is not yet recognizable. When the œdipal objects and libidinal aggressional relationship with the œdipal figures have been relinquished, the external relationship is set up in the ego as an internal relationship; then the ego envisages an inner future for itself, the superego being the representative of the ego's futurity. The later superego is more fluid and less stable than the ego although its elements, the superego introjects, are more structured than the ego introjects and are more easily visible. The superego introjects represent the id drives as much as the drive objects, and their character is determined by the quality and strength of the libidinal and aggressive drives of the œdipus complex. They may lose their character as superego elements and may merge into the ego or regain a measure of object quality.

New elements enter and are assimilated into the structural pattern of the superego at various stages, most clearly in adolescence and during analysis, when parts of the superego are re-externalized and projected. New objects can be internalized at this time. In order for superego elements to merge into the ego, further desexualization and deaggressivization of the introjects must take place. When the superego development is distorted or pathological, the sexual aggressive character of the internalized elements is pronounced. Mourning involves the relinquishment and internalization of aspects of the lost object relationship and leads to enrichment of the superego.

Weigert points out that the predominance of identifications over introjects, of ego ideal over superego, is vital for instinctual maturation and immunity to trauma and regression. The healthy ego tends to reconcile ego ideal and superego. For this reason, these terms seem to be used interchangeably in the

literature. Deviation of the ego from the ego ideal elicits shame, while deviation of the ego from the superego is reflected in guilt.

Weigert makes a point regarding the precursors of the healthy superego which must be differentiated from psychopathological superego development. The latter results from a neurotic parent-child relationship loaded with excessive anxiety. An ego-syntonic superego endorses the ego, even through periods of intense frustration, mourning, and repentance, with the hope of ultimate reconciliation of the various dependencies on superego, reality, and id impulses. Breakdown of the child's early ego ideal and loss of primary trust mobilizes persecutory anxieties and delays or prevents ego synthesis.

**Symposium: Selection Criteria for the Training of Psychoanalytic Students.**

**I.** Marie Langer. Pp. 272-276.

**II.** Pieter J. van der Leeuw. Pp. 277-282.

**III. The Selection of Candidates.** Robert Waelder. Pp. 283-286.

Langer believes only two methods of selection are available to the psychoanalytic institute. 1. The interview serves to appraise those qualities of intelligence, empathy, and moral integrity which are assumed to be necessary as a matter of course and to eliminate obviously inadequate applicants. It also evaluates the applicant's 'vocation' which is defined as the feeling of being summoned by an inner voice, the superego, to the realization of a determination, and the degree to which he has so far been able to attain this goal. 2. Analysis is the only adequate way of recognizing the future analytic capacity and analyzability of the candidate, thus determining how far his 'vocation may be freed of its neurotic shackles'. Psychoanalytically oriented group therapy is recommended if therapeutic analysis is not feasible.

Van der Leeuw lists the following qualities as being desirable in an analyst: the capacity for introspection, identification, empathy, and self-analysis; insight into his own instabilities, 'blind spots', and limitations, and the ability to recognize his own illness; the capacity to experience the analysis as something new; integrity, maturity, and possibilities for further maturation; emotional warmth and kindness, sympathy for others, and the capacity for self-discipline.

The author feels the interview only partially determines how nearly a candidate meets these criteria. Van der Leeuw is interested mainly in the functioning of the healthy part of the candidate's personality rather than in his illness or psychiatric diagnosis. The extent to which pathological defenses are reversible largely determines the suitability of the candidate. Normal people are the most difficult to assess, and here the greatest mistakes in selection are made because many 'pseudohealthy' people hide a chronic depersonalized state.

Waelder feels that a personality with depth is more important than empathy or psychological intuition. A good candidate is free from extreme forms of abnormality. He is not a psychotic, an addict, nor a delinquent; has interest in and good contact with human beings; is intelligent, has depth of personality, and a long-standing interest in and considerable knowledge of things human. Waelder feels that only the training analyst is qualified to judge these criteria and points out the dangers inherent in contaminating the analyst-patient

relationship. He prefers that occasionally an ill-qualified candidate be selected than that the whole climate of psychoanalysis be changed by the sacrifice of confidentiality.

**Research in Psychoanalysis.**

**The Hampstead Index as an Instrument of Psychoanalytic Research.** Joseph Sandler. Pp. 287-291.

**Contribution to Discussion.** Ishak Ramzy. Pp. 292-296.

Sandler outlines the indexing method used at the Hampstead Clinic. A preliminary set of common categories which would eventually contain much of the case material was drawn up. Greater precision leading to further theoretical discussion and some new formulations have been a secondary gain.

Like other scientists, the psychoanalyst is concerned with modification of theories on the basis of experience. His special training and knowledge of mental processes, his capacity to observe and to suspend judgment are scientific aids to his work. Psychoanalytic material may be grossly overdetermined and the analyst's perception may be distorted. He may have a resistance to progressive integration and modification of concepts. Sandler feels that this resistance can be overcome by cultivation of a critical attitude toward ideas, by discussion with colleagues, and by honest reading of the literature.

In constructing the Index, conceptualizing and categorizing material in terms of psychoanalytic theory resulted in a closer relationship of theory and observation because of keener perception; it revealed gaps in material and some inaccuracies in understanding. Internal psychoanalytic models had to be refined so that they accorded more precisely with observations. The final stage consists of re-evaluation of analytic observation according to revised theoretical formulations. The procedure of constructing an index then falls into line with other scientific methods as a special technique of reality and concept testing.

In the discussion, Ramzy points out the intrinsic work of psychoanalysis as a research method. He carefully traces its logic and its scientific aspects. He feels that the answers to the fundamental questions of psychoanalysis have to be sought within the discipline itself. What is needed for the correction of findings, the validation of conclusions, the sharpening of its instrument, and whatever it lacks to keep it on a par with more advanced disciplines must be provided by the psychoanalytic method and its articulation.

**Symposium: The Psychoanalytic Study of Thinking.**

**I. Meaning, Meaning Schemata, and Body Schemata in Thought.** Lajos Székely. Pp. 297-305.

**II. A Theory of Thinking.** W. R. Bion. Pp. 306-310.

**III. Thinking and Negative Hallucination.** Cecily de Monchaux. Pp. 311-314.

Among the disturbances that occur in the thinking process two groups can be distinguished: 1, the regressive incursion of infantile or archaic meanings into the processes of reality-adapted thinking; and 2, the use of regressive (infantile) thinking operations and thinking methods. Controlled temporary

regression in connection with intact reality testing and the synthetic function of the ego is sometimes used in productive thinking. The analyst utilizes 'the selective style of thinking' to make his interpretations more effective.

There is a phase, perhaps in the first few weeks after birth, when sensory impressions and gratification tension are not yet organized as meaningful perceptions. This is the undifferentiated phase. The child subsequently 'apprehends' actions in the external world in the light of body experiences with which he is acquainted. These are organized by the aid of archaic meaning schemata. The elimination of contradictions apparently takes place in several developmental stages and is completed only after the attainment of puberty. In the latency period, actions are internalized, form a system, and become instruments of thought. From puberty on, the operations become formal. The schemata described seemingly elaborate Freud's transition from primary process to secondary process thinking.

Bion presents a theoretical system of thinking. 'Psychopathological developments . . . may be related to a breakdown in the development of thoughts, or a breakdown of the development of the apparatus for "thinking" or dealing with thoughts, or both.' He then elaborates on preconceptions, conceptions, and thoughts, and, finally, concepts. He limits the term 'thought' to the mating of a preconception with a frustration, using the example of an infant whose expectation of the breast is confronted with the realization of no breast available for satisfaction. The author then considers Klein's ideas of good and bad objects. Normal development follows if the relation between infant and breast permits the infant to project a feeling into the mother and reintroject it after its sojourn in the breast has made it tolerable to the infant's psyche. If the projection is not accepted by the mother, the infant reintrojects the maternally projected unacceptable feeling.

He further discusses the relationship between making projective identification, which may be normal, or may be associated with evasion by evacuation, and communication and correlation. A sense of truth is experienced if the object which is hated can be joined to a view of the same object when it is loved; this confirms that the object experienced by different emotions is one and the same. Establishment of a correlation, made possible by bringing conscious and unconscious to bear in the analysis, gives reality to psychoanalytic objects.

De Monchaux points out that, using Freud's model of the mind, regression from secondary to primary process can be understood. The re-excitation of specific memory images occurs, producing a hallucinatory revival of perceptual images as in dreams. The advance from primary to secondary process is explained by the model of the infant after the first frustration, including negative as well as positive hallucinations. A positive hallucination is a subjective perception of what does not exist. A negative hallucination is a subjective perception that something does not exist. This may be considered a primal form of denial rather than of repression. A negative hallucination results in blindness to external stimuli.

Thought disorders have been correlated to regressive and destructive fantasies toward internal imagos, and effective and creative thinking has been equated with symbolic 'good' internal imagos. However, mature thinking

should be able to overcome these early ties as well as the enactment of primitive internal emotional dramas, thus permitting new creative possibilities.

**The Psychoanalytic Situation.**

**Affects, Emotional Reliving, and Insight in the Psychoanalytic Process.** Arthur F. Valenstein. Pp. 315-324.

**Contribution to Discussion.** Emanuel Windholz. Pp. 325-327.

The role of affects and emotion, i.e., emotionally charged remembering and emotional reliving, is discussed in relation to the development of insight. A general theory of affects is reviewed. Psychoanalytic theory as it evolved was often a reflection of the technique in current use. At the beginning, Freud was under the influence of Breuer's experience with the case of Anna O and was using the cathartic method for the treatment of hysteria. Abreaction was essential for 'cure'. Affect (emotion) and tension were in some way equivalent. Psychoanalysis and its technique of free association came into existence when Freud developed the true dynamic theory of conflict at unconscious levels. The first theory of anxiety was concerned with repressed libido, which was directly and automatically converted into anxiety and was also connected with the idea of the habitual working off of affects in normal life, through weeping, laughter, anger, etc.

The Interpretation of Dreams (1900) furthered the development of the theory of affects. When drives could not be discharged through direct action, affect as a motor or secretory function could be the outcome. With the advent of systematic ego psychology in 1923, Freud hypothesized that anxiety arose as a signal response warning of danger. However, affects remained closely related to the concept of tension and instinctual discharge. In 1953 Jacobson pointed out that affects are not so much a substitute for inhibited direct instinctual discharge through action as an inner subjective experience associated with changes in instinctual tension, whether increased or discharged.

Valenstein proposes a new concept which he calls 'affectualization'. This is a special defense mechanism built out of affects. Resistance to insight occurs through direct discharge in the form of an emotional storm or acting out. It is not merely symptomatic of the neurosis and is closely related to the mode of instinctual satisfaction in these individuals. In addition, a superfluity of affects is unconsciously utilized for defensive purposes, often in association with instinctual derivatives and their discharge. In regard to affect and emotional reliving, the author discusses the ideas of Ferenczi and Rank which emphasize repeating and experiencing rather than remembering and understanding. Such methods may be necessary in extremely disturbed patients but not in the usual analytic patient where the ego is less malformed.

Affects, because of their close relationship to the instinctual drive and tension levels, are nearer the primary process and consequently more archaic than ideas which are an expression of secondary process and ego functioning. Mature ego psychological development implies the ability to apply intellectual reasoning and judgment to emotions. Regression in the psychoanalytic situation brings about not only increased primary process activity, but also a loss of

the function of self-observation in the ego. The presence of the analyst and the restorative and strengthening effect of his alliance with the patient re-enforces the self-observing ego, functioning in accordance with the secondary process, in its ability to deal with the experiential, affect-laden, primary process involved ego.

Windholz notes the similarity in Bibring's, Kris's, and Bertram D. Lewin's thoughts on the patient's reactions to correct interpretation and points out Valenstein's elaborations on the problem of timing and of combining intellect and emotion. Further discussion of Kris's 'good analytic hour' illustrates the importance of the analyst's alliance with the patient to protect the self-observing ego and assure secondary process functioning.

**Symposium on Child Analysis.**

**I. Child Analysis Today.** Esther Bick. Pp. 328-332.

**II. The Ego's Participation in the Therapeutic Alliance.** Liselotte Frankl and Ilse Hellman. Pp. 333-337.

**Contributions to Discussion.** Pp. 338-343.

Bick considers the slow growth of child analysis; the attempts to understand this problem; the differences between adult and child analysis from the viewpoints of student and practicing analyst; and the stresses and gratifications, both external and internal.

External stresses include financial difficulties, time consideration, and the difficulty in finding parents who will bring the child five times a week over a period of years.

Internal stresses are: the therapist's anxieties over his feelings about communicating with children; taking responsibility; conflicting with parents' expectations; and specific countertransference problems. Bick feels that countertransference stresses are more severe in the analysis of children than of adults because of the child's greater dependence, his positive and negative transference, and the primitive nature of his fantasies. The child analyst must depend more on his own unconscious to provide clues to the meaning of the play and nonverbal communication. The strain in bearing the child's suffering is intensified because of the appeal to the analyst's parental feeling.

The child analyst has to provide both an external and internal atmosphere in which the patient can re-experience irrational infantile and childhood relationships. The student analyst should do his child training while he himself is in treatment because the anxieties aroused will help to deepen his own analysis.

Frankl and Hellman point out that the child analyst must evaluate carefully the ego's relations to both the inner and the outer world. This determines his interpretation as well as his timing and formulation. The analyst's understanding of the child's need to defend himself helps to develop a confidential relationship in which the child will want to share with his analyst his fantasy life as well as his day-to-day experiences.

Interpretations must be in terms of the immature ego, perhaps not yet able to comprehend reality or abstract thinking. Direct confrontation with unconscious impulses rather than with their derivatives may have an immediate

seductive effect, or cause an anxiety outburst which precipitates flight from the threatening interpretation, or drive the child into defensive measures more intense than those established before treatment. During latency, the ego wards off the intensity of early œdipal and precœdipal wishes by strengthening its defenses and thus establishes a stronger link with external reality. Analytic work can be experienced as a threat to this equilibrium. The child can accept the analyst's role as a representative of reality and as an ally on the way to clearer distinction between reality and fantasy and between opposing forces of his inner and outer world.

The variety of problems in establishing a treatment alliance with patients in puberty and adolescence is also pointed out.

Elisabeth R. Geleerd asserts in the discussion that not only is a treatment alliance with the autonomous ego of the child necessary, but that a similar relation with the healthy ego of the parents must also be established. She points out the similarities of the various stages in child and adult analysis. The goal is the analysis of defenses, starting at the surface; the analysis of transference; and, after sufficient preparation of the ego, the interpretation of unconscious repressed memories and fantasies; and lastly, the understanding of feelings and emotional relationships by means of verbalization, leading the patient to a greater awareness of his reactions.

Geleerd contrasts the difference in interpretation by the authors of the two previous papers and feels that Bick uses Freud's earlier procedures as a model and gives interpretations before a workable transference is established. She stresses that the analyst should help the child test reality.

Bick's reply indicates some disagreement with the idea that the analyst represents reality to the child. She believes the fundamental function of the analyst is to investigate the child's psychic reality, while the fundamental method of analysis enables the child's ego to develop judgment. Nothing in the current reality of the analyst's behavior should intervene to give the transference concurrent validity. Timing, a concept centering on the child's readiness to accept a particular interpretation consciously, would have no place in the work of an analyst who is convinced that interpreting anxieties constitutes relief rather than a threat.

Hellman, in her reply, feels that timing relates to the ego's inability to accept intrapsychic conflicts and related unconscious fantasies. The interpretation must proceed from the surface to the depth. She believes that Kleinian analysis does not do this. Every child brings a readiness to transfer into the consulting room, but the transference neurosis develops during the process of analysis.

**Symposium: A Reclassification of Psychopathological States.** W. Clifford M. Scott. Pp. 344-350.

Newer models of metapsychological abnormality should allow 1, more adequate classification of the normal and abnormal aspects of personality at any age and 2, more adequate classification of patients, for discussion with colleagues in other sciences. Scott feels a new method of classification using the

constitutional, zonal, ego, superego, and environmental aspects would permit more than a list of single-word diagnoses, although less than the usual metapsychological analyses. He concludes with some suggestions and a warning about future work along these lines.

RENÉE L. GELMAN

American Journal of Psychiatry. CXVIII, 1962.

**Suicide and Suicidal Attempts in Children and Adolescents.** James M. Toolan. Pp. 719-724.

Toolan points out that, contrary to general opinion, suicidal attempts and suicide are not rare in childhood and adolescence. This paper reports a study of one hundred two children presenting suicidal thoughts and actions, and accounting for eleven percent of all patients under sixteen years of age admitted to Bellevue Hospital in New York City. The author feels that most such cases are a result of 1, anger at another, 2, attempts to manipulate another, 3, a signal of distress, 4, reactions to feelings of inner disintegration, or 5, a desire to join a dead relative.

**Ulcerative Colitis in Children.** Stuart M. Finch and John H. Hess. Pp. 819-825.

Finch and Hess review the literature concerning idiopathic ulcerative colitis in children, adding the results of their study of seventeen of them with this condition. They were unable to garner any clues as to why these children had developed ulcerative colitis, since no specific factors could be found in their psychological development. The authors present a speculative hypothesis regarding etiology built on constitutional predisposition. They then posit a mother seeking, perhaps unconsciously, the destruction or ill health of the child, and leading to what is termed a negative symbiotic relationship. The suppressed rage of the child in his struggle toward autonomy leads to the development of the symptom, and this may serve as a compromise for the child, the mother, and the rest of the family.

**Parental Deviance and the Genesis of Sociopathic Personality.** Patricia O'Neal; Lee N. Robins; Lucy Jane King; Jeanette Schaefer. Pp. 1114-1124.

This study represents a thirty-year follow-up of five hundred twenty-four patients seen originally in a child guidance center for various reasons and one hundred patients chosen from the schools as controls. One fifth of the original child guidance population were later felt to have criteria sufficient for the diagnosis of sociopathic personality, as compared to two percent of the control group. The authors found no form of rejection specifically directed at the child to be associated with the development of sociopathic personality, but did find that divorced parents were more likely than nondivorced parents to have sociopathic children. They feel that a relation exists between the generalized antisocial behavior of the father and that of the child.

LAURENCE LOEB

American Journal of Psychiatry. CXIX, 1962.

**The Course and Outcome of Pseudoneurotic Schizophrenia.** P. H. Hoch; J. P. Cattell; M. O. Strahl; H. H. Pennes. Pp. 106-115.

This is a report of one hundred nine patients with a diagnosis of pseudoneurotic schizophrenia seen in five- to twenty-year follow-up studies. There seemed to be a lifelong history of illness in many such patients. Ten percent attempted suicide during the follow-up period; two succeeded in their attempts. About one fifth developed overt schizophrenic symptomatology at some time during the follow-up period; half of these had remissions. About one third of the patients had done well, one third fairly well, and one third poorly at follow-up.

LAURENCE LOEB

Psychosomatic Medicine. XXIV, 1962.

**Bereavement in Childhood and Adult Psychiatric Disturbance.** Herbert C. Archibald; Dorothy Bell; Christine Miller; Read D. Tuddenham. Pp. 343-352.

The incidence of childhood bereavement was determined for a sample of one thousand Veterans Administration outpatients (of whom one quarter were diagnosed as psychotic). These figures were compared statistically with expected incidence figures from Metropolitan Life Insurance Company estimates and from other studies. As expected, the patient group showed a markedly higher incidence of early loss (before twelve years). In contrast to the control data, the patient population showed a decreasing incidence of parental loss as the age of the child increased, although the data was insufficient to delimit any specific traumatic time. MMPI studies on one hundred subjects showed marked depressive features but no typical 'orphan' profile. Problems of masculine identity predominated in those who had lost their fathers, and oral problems involving their marital partners prevailed in those who had lost their mothers.

**Psychoendocrinologic Studies in a Male with Cyclic Changes in Sexuality.** Harold I. Lief; Joseph F. Dingman; Melvin P. Bishop. Pp. 357-369.

In the first report of its kind, the authors detail their joint study of a twenty-three-year-old male with an eleven-year history of alternating three-to-four-day cycles of male and female behavior and feelings. Increasing homosexual impulses forced him to seek aid, and the initial diagnosis revealed a highly intellectualizing paranoid schizophrenic, with marked scoptophilic conflicts and body image confusion. As a child he had been the object of his father's sadistic behavior, with four to five daily enemas in the first years of life.

By age four he was overtly effeminate and remained so in body and behavior except for intervening cycles of masculine feelings after puberty. Although he had shown signs of somatic masculinization during the previous year, steroid assays at the start of therapy showed abnormally low androgen and FSH levels of presumed pituitary origin. Eight months later, re-assay showed a rise in both to normal levels.

After six interviews the cyclic behavior abated and was thought to have

been a defense against his homosexual impulses which became acceptable during therapy. Since there was no evidence of hyperestrogenism, the authors feel the androgen deficiency thus enhanced the predominantly female identification. The rise in androgen intensified the drive but not the behavior through which it found expression. This is consistent with the findings of Ford and Beach.

**Gynecomastia in Adolescence: Effect on Body Image and Personality Adaptation.** William A. Schonfeld. Pp. 379-390.

Because of the particular significance of self-image during adolescence, a study was undertaken of two hundred eighty-four men and boys with varying degrees of breast enlargement (nodules, general obesity, and gynecomastia). A group of thirty-one with pendulous gynecomastia during puberty was studied in depth. Those who used the condition as a focus for underlying psychotic or neurotic identity confusion were differentiated from those in whom the reaction seemed predominantly somatopsychic. Combined psychotherapy and reconstructive surgery is recommended for both types unless surgery is contraindicated psychiatrically.

**Changes in Hydrochloric Acid Secretion in a Patient with a Gastric Fistula During Intensive Psychotherapy.** Aaron Stein; M. Ralph Kaufman; Henry D. Janowitz; Milton H. Levy; Franklin Hollander; Asher Winkelstein. Pp. 427-458.

This elegantly documented, long-term psychophysiologic study of a sixty-year-old female patient with a chronic gastric fistula should stand alongside those of Engel, Wolff, and Margolin. After a preliminary study showed a persistent hyperchlorhydria, continuous gastric observations were made while the patient was in therapy with a separate individual. In an attempt to predict fluctuation in HCl secretion, the interviews were scored for the strength of the patient's basic oral aggressive drives and the status of her defenses in regard to them. There was agreement on the former, but the latter were difficult to assess.

Eight months after the start of therapy, there was a sudden drop in HCl secretion which persisted throughout the next eighteen months. At this time the patient was beginning to verbalize many of her oral aggressive fantasies, and the physiological change may have been due to this. However, the change also occurred during a period of deterioration in her relationship to the key figure of the physiologist. In this type of combined study, the erotization of the physiological procedure invests the physiologist with the major portion of the transference. Thus the drop in gastric secretion resembles the 'withdrawal-depression' type found in Monica. Although such factors add to the difficulty in predicting physiological effects, they should not prevent continued efforts in this type of individual case study.

**Cardiovascular Responses and Their Psychological Correlates. I. A Study in Healthy Young Adults and Patients with Peptic Ulcer and Hypertension.** Herbert Weiner; Margaret T. Singer; Morton F. Reiser. Pp. 477-498.

Cardiovascular changes were recorded in a group of army subjects coincident with the presentation of four TAT cards. The technique was designed to

elucidate the multiple psychological aspects of the experimental situation which have often been overlooked in classic physiological studies. The authors conclude that the degree of physiological response is directly related to the intensity of the interaction between subject and experimenter. The task aspect of the situation was determined by the social role of the participants and examiners (varied for sex and army rank) and further modified by the affective state and ego defenses of the subject. Irrespective of its content, when the fantasy was not communicated (card 4), there was no response. Furthermore, subjects with hypertension were remarkably unreactive physiologically because their characterological defense 'insulated' them from interacting with the experimenter.

**A Remission Through Crisis in Ulcerative Colitis.** Ralph J. Kahana. Pp. 499-506.

This is a well-documented account of the psychotherapy of a man with ulcerative colitis and psychological features commonly accompanying this condition, whose gastrointestinal dysfunction was related to the incorporation and threatened loss of a maternal image. A crisis occurred which was accompanied by classic Isakower phenomena and dreams of the renunciation of this incorporated figure, which the author feels were the 'equivalent of a weaning experience'. Following this there was a permanent remission of bowel symptomatology and a transition to a less narcissistic, more mature type of object relationship.

**Psychological Factors Lowering Plasma 17-Hydroxycorticosteroid Concentration.** Joseph H. Handlon; Ralph W. Wadeson; Jacob R. Fishman; Edward J. Sachar; David A. Hamburg; John W. Mason. Pp. 535-542.

A significant decrease in 17-hydroxycorticosteroid levels was observed in a group of nineteen normal male volunteers during the showing of a bland movie (Disney nature film). The decrease was significant in contrast to the corticosteroid rise during an overtly 'arousing' film or during various control procedures. Because of a similar corticosteroid drop during hypnosis, the authors suggest that these subjects may center their attention on the nonnoxious material and avoid anxiety producing internal or external material. Although this technique fails to explore the unconscious meaning of the bland film, the decreased endocrine response again emphasizes that the cerebral cortex may exert a continuous tonic effect on pituitary-adrenal function.

EUGENE L. GOLDBERG

**Psychoanalysis and the Psychoanalytic Review.** XLIX, No. 4, 1962.

**Death as a Countertransference.** Arthur Burton. Pp. 3-20.

Burton feels that in these times patients introduce discussions of death with greater frequency and suggests that, hampered by countertransference problems toward death, psychotherapists do not deal adequately with this problem in their patients. In order to study possible manifest and latent attitudes of psychotherapists toward death, he devised a questionnaire of statement-items on death and

sent it to members of the American Psychoanalytic Association. From the replies, he concludes that psychoanalysts are not without deeply rooted defenses against anxieties about death. He discusses these defenses and divides them into three general groups, denial, displacement, and compensation. The interpretation of thanatophobia as castration or separation anxiety would be an example of denial. The overwhelming emphasis on analysis of the libido would be an example of displacement. A 'fiction of invincibility' for feelings of weakness and finiteness would be an example of a compensatory defense. Included for purposes of comparison and control are the responses to the same questionnaire from a group of Episcopal ministers.

**Transference and Countertransference in a Case of a Dying Patient.** Florence Joseph. Pp. 21-34.

In the termination phase of what had been a successful analysis, the analyst learned from the patient's internist that the thirty-two-year-old woman had incurable cancer. The analyst was disturbed by her profound emotional reaction to this development. She discarded what she considered might be technical rules and began to gratify all the wishes of her rapidly regressing patient. This included letters, visits, gifts, and mother-infant type of physical contact. The patient was not informed of the truth. Her dreams indicated an unconscious realization that she was dying. She increasingly lost interest in the world around her and became absorbed in the process of dying, but retained her defense against allowing her realization of impending death to become conscious. The author discusses her countertransference problems and feels that her own difficulty in accepting the physical decline helped her patient's defenses.

**The Psychodynamics of *Déjà Vu*.** Jerome M. Schneck. Pp. 48-54.

Schneck reviews existing psychoanalytic formulations regarding the *déjà vu* phenomenon. He discusses two examples of *déjà vu* reported by a patient and concurs with the patient's own interpretation that they represented a regression into the past which served to control time and to avoid dealing with the current problem. Schneck suggests that there is no one psychodynamic explanation of the *déjà vu* phenomenon which fits all cases.

**On the Phrase, 'Beautiful but Dumb'.** David B. Friedman. Pp. 100-102.

This phrase, when used by certain men, expresses an unconscious wish: 'I see a beautiful woman and wish that she be dumb (voiceless)'. Voice or intelligence often symbolizes the phallus. The phrase therefore reassures the man that the beautiful woman is not the phallic mother and permits him to have sexual feelings toward her.

**The Unique Self.** George Shugart. Pp. 103-112.

The sense of uniqueness, separateness, aloneness may not be intolerable until a painful feeling of loneliness also becomes associated with it. Three persons in whom this occurred are described. All three developed fantasy systems which had the following characteristic in common: each was the only real person in an empty world of fantasy and illusion that merely served to make existence more bearable.

**Out of the Dream Came the Faucet.** Calvin S. Hall. Pp. 113-116.

Taking off from a dream in which the penis was represented by a faucet, Hall suggests that one reason why a symbol rather than the actual object is used in the dream is that the dreamer is dissatisfied with the object and creates a better one. The dreamer in the example cited wished for a penis he could turn on and off as easily as a faucet. Conversely, in Hall's opinion, the inventor of the faucet was acting out his fantasy of a penis which could be turned on and off at will. Inventions in general must be based on dissatisfaction with what exists. Progressively more elaborate inventions, for example, from automobile to aeroplane to rocket, are motivated by unsatisfied infantile wishes.

**A Psychoanalytical Interpretation of the Crucifixion.** Bernard G. Meyerson and Louis Stollar. Pp. 117-118.

The cross is a symbol of love because it resembles geometrically the form of a man with arms outstretched, about to embrace, ready to love. Psychoanalysis has demonstrated man's inability and fear to love. Crucifixion, therefore, represents a warning. It shows the man who terrified mankind by loving and demanding complete love, with outstretched arms, ready to embrace, but tied and nailed in such a way that he could no longer do so.

HERBERT LEHMANN

**Revista de Psicoanalisis.** XIX, 1962.

**Symbiosis in 'The Warrior Rests'.** Jose Bleger. Pp. 173-199.

The character description of Genevieve Le Theil in this book is studied from the point of view of all the vicissitudes of the symbiotic relationship. When she arrives from Paris to collect her inheritance, she finds herself alone and, by coincidence, in a hotel room with a man who has tried to commit suicide. The contradiction of the double aspect of the 'transference' is analyzed. The vicissitudes include a phobic panic at two typical moments. The first, when she establishes the symbiotic relationship with a man, creates claustrophobia; the second, when the symbiotic relationship is weakened and threatens to break, brings on agoraphobia. This quality of symbiosis is compared to a 'pact', such as that of a patient in treatment, which leads to a negative therapeutic reaction. The element of timelessness is well illustrated in the symbiotic relationship, as is the compulsive quality of sexuality as a means of communication. In fact, there is no need to speak because communication is experienced regressively, body to body—'the freedom of the dead ones'. It is not coincidence that compulsive sexual life is exemplified in the drinking bouts preceding intercourse. 'In that way life is experienced with no anxiety, no annihilation, and the sexual relation becomes a technique to pacify all types of anxieties. This is a vicious cycle feeding itself.'

**Time is Stopped by Claustrophobia and Actualization—A Clinical Description.** Reggy Serebriany. Pp. 218-233.

Analytic work is understood as a special type of omnipotence. The patient can handle the analyst only by complete control and thus becomes omnipotent

because 'now I am he and therefore I cannot leave'. When the situation is immobilized, he shows rage and fear. This is a technique he has used in real life—always running and getting nowhere; but he cannot stop and rest because it means 'to have time', and the symbiotic relationship would be threatened. Technically, he handles the fears by vomiting, severe diarrhea, and other somatic attacks. But these techniques will fail because the projected anxiety cannot be controlled on the outside; hence, the agoraphobia. The author stresses the 'nontemporal' in which time is denied. Time must cease and become 'an ever present today' because the ego can deal with it only through immobility; otherwise time must be denied.

GABRIEL DE LA VEGA

# NOTES

## MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

March 12, 1963. PATHOGENESIS, SYMPTOM FORMATION, AND ENERGETICS. Mortimer Ostow, M.D.

Dr. Ostow discusses the pathogenesis of mental illness from the economic point of view, using data from his daily observation of analysands whose symptomatology and mental states he controlled by the administration and withdrawal of two types of antipsychotic drugs, reciprocal in their action. The tranquilizers relieved some acute, excited attacks of schizophrenia and mania and, when given in excess, produced symptoms characteristic of melancholia, whereas the antidepressives, or 'psychic energizers' had a reverse effect, relieving melancholia but, when taken in excess, producing mania and schizophrenia. If, as according to Freud, melancholia reflects an ego libido impoverishment, while the excited states reflect a surfeit, then it may be postulated that the tranquilizers act by depleting the ego of its libido and the antidepressives or 'psychic energizers' by increasing it.

Dr. Ostow refers to his paper of 1962 describing the construction of an indicator of an ego libido supply based on nine clinically observable variables. Using pharmacological agents to control libido supply and this indicator to measure its level quantitatively, it becomes possible to make observations from which a theory of pathogenesis based on energetics can be developed.

The first theoretical conclusion is that ego-libido depletion is a normal homeostatic mechanism whose function is to correct actual or threatened flooding of the ego by libido; when the device overcorrects, a deficiency syndrome such as melancholia results. The homeostatic mechanism may be replicated by giving some patients a small amount of tranquilizer along with basic energizing supports. In such cases the patient, instead of passing from melancholia to mania or schizophrenia as he would ordinarily do with an energizer alone, actually remains within a channel of libido fluctuation not unlike that of the normal person.

Object loss is seen by the author as precipitating melancholia by reason of energic imbalance. Loss of object prevents instinctual gratification and threatens to dam up the libido within the ego. The organism may overcorrect against this, especially if a concurrent narcissistic blow precludes narcissism as a defense. Anxiety and guilt may also trigger a depletion syndrome when they are sufficiently intense to provoke surrender of the object. The concept that accumulation of libido always precedes libido depletion is in accordance with classical theory, which postulates such accumulation as an initial result of inhibition of instinctual discharge; it is also observable clinically that libido plethora occurs at the beginning of an illness and usually gives way subsequently to a state of libido deficiency.

A depletion state characterized by a decline in libido level may often be masked by a condition of paradoxical hypermotivation. This is a mixed energic condition in which signs of libido plethora exist side by side with signs of libido

deficiency. The impulses which appear are not derived from the genital libido, but are characterized by a clinging, anaclitic, oral, or anal quality, and a strong aggressive component of pregenital origin. Patients in this state react paradoxically to the antipsychotic drugs. Thus a tranquilizer unexpectedly increases excitement and an energizer reduces it for an interim period, following which the expected drug action prevails. The explanation of the phenomenon is that to counteract declining libido levels the organism draws on pregenital energy. The drugs seem initially to act paradoxically because the compensatory use of pregenital energy is inverse to the directional trend of the genital libido level, the latter being directly affected by the drug.

DISCUSSION: Dr. Louis Linn commented on the originality of this contribution in exploring the psychological and behavioral consequences of energy shifts. He gave a hydrostatic analogy of Dr. Ostow's thesis.

Dr. Max Schur raised several theoretical questions. If the ego is the sole reservoir of libido, how may one then consider the id which comprises the instinctual drives and which supplies energy to the ego and superego? Is there not also a conflict regarding the ego-libido level as decisive in the formation of illness, when the ego is more customarily seen as an organ which mediates between the demands of the id and the environment, and contains the drives or, if necessary, executes them according to a compromise between the pleasure-unpleasure principle and the reality principle? Dr. Schur also questioned whether we can really utilize an energy concept as applied to the ego which neglects the concept of aggressive energy and the way the ego deals with it.

Dr. Edith Jacobson questioned whether Dr. Ostow's theory was as congruent with classical theory as he believed it to be. For instance, in Mourning and Melancholia, Freud alludes to the reduced libidinal cathexis characteristic of melancholia, but he means reduced cathexis of the self-representations and not of the ego. In On Narcissism: An Introduction, Freud speaks of the damming up of narcissistic libido in schizophrenia, but he does not intend to say that as a result of this damming up the psychotic's ego libido increases. Dr. Jacobson felt that Dr. Ostow's theory does not distinguish sufficiently between ego and id. It suffers also in that it stresses libido quantities at the expense of an adequate consideration of the role of aggression and of the dynamic and structural aspects of illness. She also questioned whether we can categorize mania, schizophrenia, and paranoia in one class. She saw difficulties in the use of clinical indicators of libido level and asked, if projection is indicative of high libido level, how may we consider the libido level of a paranoid depressive?

Dr. Leo L. Orenstein raised the question, should the analyst administer the drug or should someone else be delegated to do so?

In response to the discussion, Dr. Ostow asserted that so far as questions of fact were concerned his observations were correct. Placebo effects could be discounted as a factor because the effect of each drug given was specifically recognizable and typical. Drugs should be administered and their effects measured by one person, the analyst. They should be given, however, only when not to do so would threaten the analysis. The aggressive energy used in symptom-formation is a function of the libido state, he asserted. In the center of the

libido range, aggressiveness is minimal. In states of plethora or paradoxical hypermotivation, aggression is usually directed to the love object; in states of deficiency it is usually directed against the self.

JOHN A. COOK

March 26, 1963. A SECRET IN PREPUBERTY (ITS BISEXUAL ASPECTS). Marjorie Harley, Ph.D.

Dr. Harley describes a particular version of a secret, observable in the analysis of two girls in prepuberty, which seemed directly traceable to the special nature of bisexual interplay in this period. She traces the changing content of this secret to the changing texture of the girls' inner life. Analytic writings on the phase specific aspects of prepuberty emphasize a girl's increased phallic strivings but tend to reserve her bisexual conflict for the pubertal and postpubertal periods. Many authors also have emphasized the central and crucial conflict of this period as the girl's endeavor to loosen the precœdipal ties to the mother.

Dr. Harley emphasizes that in prepuberty the meagerness of differentiation between boys and girls in their general body build and configuration may contribute to intense bisexual conflicts and confusion. The girl's supposedly wholly feminine identifications (breast size, high heels, hairdos) are frequently endowed unconsciously with bisexual attributes. As puberty draws nearer, the close intermingling of bisexual strivings begins to give way to the girl's efforts to delineate her own sexual identity.

Dr. Harley's clinical example concerns a girl who suffered a series of traumata during the precœdipal and œdipal stages. These included a disturbed mother-infant relationship, severe somatic illnesses, early and forceful weaning and bowel training, and traumatic primal-scene observations.

The patient's 'secrets' expressed the desire for the father's phallus, and later a bisexual procreative role. Her first fantasy was of wresting 'infinity' from God. The second fantasy was of being endowed with creative talent by God, where she is chosen as the 'special one' and 'sprinkled with magic fire'. She also told of a secret fear that her feces would 'start to come out and get stuck'. The most obviously bisexual secret was, first, her wish to be the Virgin Mary ('If someone married God, it was like becoming God') so that she was both a woman and God; and, second, a fantasy of having a perfect twelve-year-old daughter, popular, beautiful, and intelligent, even though on her honeymoon, her husband discovers that she also has a penis!

Her bisexual fantasy of a self-produced baby allowed her to retain the father's phallic powers and combine them with the achievement of motherhood, which probably had furnished the earliest basis for her feminine ideal. It was a fantasy, supreme in its narcissism, ultimately traceable to the earliest overvaluation of the parents, yet one in which both parents could now be surpassed. Dr. Harley sees three conditions of prepuberty as having been particularly conducive to the formation of this secret: the indiscriminate arousal of infantile sexuality from all previous developmental levels, the peculiar nature of bisexual interplay during this period, and the maturational demands in preparation for the future.

DISCUSSION: Dr. Samuel Ritvo felt that the evidence for the increased importance of bisexuality conflicts in girls during prepuberty seemed quite convincing. The sense of identity at any age has a large root in the concept of body structure and organization, and certainly the meagerness of body differentiation between the sexes in prepuberty would be expected to have an important phase specific effect. He noted that early menarche in girls with disturbed backgrounds often led to very disturbed and violent acting-out behavior. He inquired about the relative absence of the mother in the case material presented and whether a dread of the mother could have led to the marked degradation of the father as part of a defensive reaction.

Dr. Jacob Arlow commented on this 'delicately told and meticulously documented' case as indicating again the relationship between ego structure and mythology. He felt that the major conflict, however, was not so much the conflict over bisexuality as it was the struggle between emerging womanhood and the particularly intense wish for the father's penis. He also suggested that there was an unusual vicissitude in the manifest structure of the fantasy because it attempted the undoing of the usual pedagogic function of the religious myth (the fantasy usually serving to allow the child to identify with the Virgin Mary, thus strengthening the moral qualities of the girl for motherhood). Here, instead, the girl attempted to attain omnipotence and thus foster her own narcissistic needs. Dr. Arlow related and compared the myths of the Annunciation to the Madonna, and its male counterpart, the Consecration of the Prophet, in both of which the aggressive components are denied. Also an important ego aspect is the denial of aggressive wishes against the father and his phallus. Myths take on deeper meaning when we understand them also as part of a defensive struggle. Finally, he felt that every childhood fantasy has some mythological root.

Dr. Philip Weissman inquired whether, in girls whose fantasies involved the Virgin Mary myth and the Immaculate Conception, there could be a prediction of the fear of intercourse in adult life.

In reply, Dr. Harley stated that actually the mother did play a paramount role in the analysis, but this had not been emphasized here because of the specific nature of the presentation. She also felt that the degradation of the father was related to the girl's persistent desire to have her father's penis and her rage because of her failure. She emphasized again that the secret was a clear-cut bisexual fantasy with much evidence for this; also, the child's religious education was practically nil and did not appear to influence the development of the fantasy. Finally, she mentioned that the patient actually had an intense fear of intercourse and penetration, and it seemed likely that this could persist as an active factor in adult life.

BERNARD D. FINE

April 9, 1963. PSYCHOANALYTIC STUDIES ON JOSEPH CONRAD: THE FAMILY ROMANCE. Bernard C. Meyer, M.D.

The family romance fantasy played an extraordinarily large role in the life and works of Joseph Conrad. It led him to massive attempts at acting out his fantasy identifications with great masculine figures—which attempts invariably

ended in humiliation, disaster, and disease. His preoccupation with Stanley and his world-acclaimed African rescues led Conrad to his ill-fated effort to pilot a boat up the Congo. Other attempts at acting out resulted in periods spent as a French sailor-adventurer, as a master mariner in the British marine, as a great lover on the island of Mauritius. The 'protector-protegé' aspect of the family romance, which Kris demonstrated as characteristic of the artist, was exemplified in his relationship with several men, especially Ford Madox Ford (also an 'author in search of a character'), with whom Conrad had a mutually shifting father-son relation, to the great enrichment of his own creativity.

The 'rescue', or 'need of rescue', element in the family romance was not confined to the Stanley episode but permeates Conrad's writings and characterizes an astonishing number of heroes, heroines, and even villains: Alice Jacobus (A Smile of Fortune), Razumov (Under Western Eyes), and especially Rita de Lastola (Arrow of Gold). Conrad himself can be recognized as Rita's swashbuckling lover, wounded in a duel for her sake and nursed back to health by her. Here the various elements of his own family romance are grouped: the rise to lofty station, the heroism, the rescue.

Conrad's personal identity was inconstant throughout. His avowed rejection of Catholicism and the accompanying nostalgia for it is paralleled, in the professed Englishman, by a lifelong passion for the suffering of his native Poland and extreme sensitivity to charges of betraying her cause (*vide:* the Patna episode in Lord Jim). As a boy, Conrad exemplified another special element in the family romance encountered in gifted children, one that had implications for his sexuality as well. Kris found that the history of the artist frequently includes an episode in which the child is discovered in some 'childish activity' and receives, in place of the expected punishment, his father's approbation and support. In Conrad's case, he was discovered reading some of his father's writings, which his father then ordered him to read aloud. By condoning his son's poaching on his own literary preserve, Conrad's father gave added charge to the boy's ambition to embark on the same road. It eroticized his writing, moreover, so that in productivity he alternated between unhappy 'impotence', as he called it, and output which he described as orgastic.

His personal sexual life shows evidence of the same paternal identifications—he began his courtship at the same age his father was when he married; his wife's age, at marriage, was the same as his mother's. But in his fiction, the men are regularly undone by androgynous, dangerous, active women, frequently through 'penetrating' action. Such a woman is strikingly portrayed in an illustration Conrad drew for Arrow of Gold, and a man and woman of this type, with the roles grossly reversed, are depicted in another series of drawings shown when this paper was presented.

Much of Conrad's relationship with women and much of his writing can be understood against the background of his tragic memories of his mother. When his father was exiled to northern Russia for proscribed political activities, Conrad and his mother accompanied him; during this journey the little boy became seriously ill of pneumonia, and was nursed back to health by his mother. Shortly thereafter, when Conrad was five, she fell ill of tuberculosis and died before he was seven. Compare this with Rita's nursing of M. George for his

chest wound, then to disappear forever. In his actual relationship with a Brussels woman, eleven years his senior, he adored her, wrote her nearly one hundred letters, addressed her as Aunt, and portrayed himself as a sick, helpless, hurt child. Toward the close of his life, he was obsessed with a yearning to return finally to his motherland where he hoped to find his elusive self in her embrace.

His death (in England) was hastened by bitterness over the secret marriage of his son—a betrayal of father by son, a recurrent theme in his fiction. Toward the end, too, the theme of the 'lethal' woman overcame him even in connection with his devoted wife—he accused her of evil designs. He died in 1924, and it was in the Roman church in Canterbury that he found 'port after stormie seas'.

DISCUSSION: Dr. Edward D. Joseph commented that while the family romance fantasy was extraordinarily prominent in Conrad's life, his search for a hero was also motivated by the search for his real hero-father, a revolutionary honored by Polish nobility and granted the unique distinction, for a proscribed man, of a public funeral. His uncle's efforts to lure him away to his mother's side were unavailing. Ford was not the only, nor even the greatest, male influence in his adult life. His letters to Garnett evidence a son-father relationship as well as gratitude for inspiration to create. The search for males was determined, additionally, by fear of women whom he conceptualized as distant, predatory, and lethal.

Dr. David Beres stated that conflict, which is ubiquitous, is ordinarily dealt with by fantasy or action or, failing these, symptom. The artist has open to him the additional outlet in that he can communicate and externalize his conflict in creation and thus share his anxiety and guilt. The question remains, why Conrad wrote fiction rather than poetry, or why he did not adopt another artistic medium. Many authors (e.g., Anna Freud, Friedlander, Peller, Sachs) have noted the relationship of the story to the masturbation fantasy. Dr. Meyer pointed out the relevance of his hypothesis for Conrad as exemplified by his inhibitions in writing, his dilatoriness and suffering; and, on the other hand, by his physically exhausting, orgastic method of working. Conrad's writing illustrates the principle that what makes the artist is the ability to deal with conflict by the creative act. There is an optimum distance from the conflict where it can be experienced and stated without the individual's being overwhelmed by it. Where Conrad's neurosis supervened, his art failed, e.g., in his relationship with women.

Dr. Phyllis Greenacre offered an explanation for the ubiquity of the specific kind of biographic formula described by Kris: the poor shepherd boy discovered, recognized, and launched by the great man whom he then surpasses. This is the artist's own legend of himself, his own version of the family romance, and is almost inevitable in a creative person. Uneasy awareness of unusual talent gives special pressure to œdipal problems, with a consequent need to find a patron who will, as materialized family romance father, permit and even further creative interest, rather than be threatened by it. The identity problem of this artist may have been more involved in his personality than in his family romance, and there is evidence of perversion and approach to impostorship. As for the

role of his mother, it may be that her death from tuberculosis during the œdipal period of Conrad's life created birth guilt as well as fear of this disease. Could his sea-wandering have been a search for her, and his self-inflicted chest wound an expression of a bisexual wish and reunion?

Dr. Bernard Brodsky underscored the striking fact that Conrad, although a Pole and the son of a patriotic Polish writer, became an author in English. In painting, where words are not involved, it is easier, but here it must be accounted part of the family romance.

Dr. Victor Rosen asked, how can undisguised family romance and masturbation fantasy become literature? He suggested that this comes about through the distance created by: 1, transcending them in general terms and æsthetic ambiguity (disguise); 2, removal of the person of the writer by the use of a pen name (disavowal); or, as perhaps here, 3, by writing not in his native tongue (Polish), nor even in his second (French), but in his third language (English). Was distance attained by transformation of language?

In closing, Dr. Meyer commented that in Conrad there were great variations in the maintenance of the conflict-free area where talent could be freely exercised, so that both the grandest and the most platitudinous prose followed each other, sometimes in the same book. Agreeing with Dr. Rosen, Dr. Meyer speculated that if Conrad had not written in English, he might not have written at all. As for impostorship and perverse character, Conrad seemed truly to believe that what happened to others really happened to him.

MILTON MALEV

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## MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

November 19, 1962. PSYCHOANALYTIC STUDIES ON ADDICTION: EGO STRUCTURE IN NARCOTIC ADDICTION. Robert A. Savitt, M.D.

The complete paper was published in this volume, No. 1, pp. 43-57.

DISCUSSION: Dr. Max Schur stated that he was pleased that the American Psychoanalytic Association is planning to appoint a committee to study this most pressing problem of addiction. He agreed with Dr. Savitt that the intravenous route and its effects may achieve for the addict the symbolic meaning of complete fusion with the mother, of complete re-fusion of self and object representations, and even of the return to the womb, but he wished to stress that we should not ascribe a primary motivational or etiological status to what is secondary symbolization. He felt that this error is made at times in the psychoanalytic literature. Dr. Schur mentioned certain conditioning experiments *in utero* by psychobiologists, factors which are possibly quite important but which never reach the status of mental representation. He called special attention to certain aspects which have to be considered in addiction: different degrees of structural maturation; the immediate and prolonged consequences of the addicting agent; the impact of the route of administration (the intravenous route being tied up with immediate regression and rapid psychological deterioration);

sociological factors, especially the age of the patient when initially exposed; and the inescapable factor of delinquency.

Dr. Sidney Green discussed certain characteristics of infant behavior as revealed by recent research on neonates and young infants that appeared pertinent to the problem of addiction. He spoke of severe infantile depression, especially marasmus, where the infant's oral apparatus is useless as an avenue of nutrition and vascular feeding must be resorted to as a lifesaving measure. These infants are unable to respond to the conventional ministrations of maternal figures and require, in addition, the impersonal intervention of parenteral nourishment. He discussed the importance of the young infant's 'state' at any given time in determining his ability optimally to register and respond to relationship-promoting stimuli; he further suggested that the mothers discussed may have been unable to provide their infants with the proper kind, amount, or timing of care. Children such as these frequently grow up and remain unable to identify their actual feelings and needs involved in interpersonal experiences.

Dr. Gustav Bychowski spoke of his experiences with addicts, especially in Europe, and the many modifications of classical technique which have to be used. He stressed the problem that some of these patients have in handling aggression. Some develop a paranoid personality structure. Others resort to somatization and develop psychosomatic symptoms which provide a rationalization for addiction. Finally, a large group develops a passive feminine character with a strong masochistic streak. The underlying personality structure is clearly seen during the period of drug withdrawal.

Dr. Merl Jackel discussed a case of heroin addiction in a 'call girl' treated by psychotherapy. A highly ambivalent conflict with the mother was transferred to the drug and the opiate appeared to be used to counteract a withdrawn, almost stuporous state. He hoped that Dr. Savitt would soon report on the technical handling of these patients.

Dr. Sidney Tarachow congratulated Dr. Savitt on his ability to get these most difficult patients to work in analysis. He contrasted the addict with the catatonic in whom the active use of the mouth is seen as dangerous and has to be bypassed. He mentioned the importance of the 'minor addictions' which cluster around the transference in many cases and require analysis.

Dr. William Niederland presented material from the analysis of a female pill addict. In contrast to Dr. Savitt's patients, the father, himself a chronic pill user, was the key figure in the addiction. He also stressed the pathology of the oceanic feeling and the marked need for warmth and bodily contact that addicts express; how they wish desperately to return to the breast and to be lovingly enveloped by mother.

Dr. Melitta Sperling spoke of a patient she had analyzed who had become a codeine addict in an attempt to control migraine attacks. She remarked upon the relation of the migraine to depression and stressed the destructive and suicidal impulses of this patient. In the analysis of an exhibitionist she had found that exhibitionism occurred under the pressure of overwhelmingly strong destructive impulses and was not so much a means for seeking pleasure as a defense against intense anxiety, 'as if a catastrophe was imminent'. She wondered whether this was not similar to the situation in the cases of addiction.

In closing, Dr. Savitt re-emphasized the gradations in degree of ego impairment. All cases, however, show an archaic ego structure with extreme difficulty in impulse control, especially of the aggressive drives.

STANLEY S. WEISS

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## MEETING OF THE ASSOCIATION FOR PSYCHOANALYTIC MEDICINE

February 5, 1963. A PSYCHODYNAMIC FORMULATION FOR PSYCHOTHERAPY OF MALE HOMOSEXUALITY. Lionel Ovesey, M.D.; Willard M. Gaylin, M.D.; Herbert Hendin, M.D.

The authors describe a theoretical approach to the treatment of male homosexuality with the admittedly narrow focus of a 'definitive therapeutic goal of establishing and maintaining pleasurable heterosexual behavior in a homosexual patient'. The motivational basis for homosexual and pseudohomosexual behavior is described as threefold: homosexuality, dependency, and power. The latter two are considered nonsexual though using genital organs to achieve their aims whereas the former component, homosexuality, utilizes sexual gratification as an end goal.

The homosexual motivation is based on fear, derived from parental discipline particularly in regard to sexual behavior, or from nonsexual intimidation that interferes with assertion and assumption of the masculine role. Subsequent heterosexual desire in the growing male is felt to be dangerous with fantasied punishments of castration or death, thus reviving earlier fears, inhibiting normal sexual expression, and resulting in the 'safer' homosexual object choice. Other solutions for the same infantile conflict may be impotence, fetishism, and exhibitionism. Homosexuality may be viewed as a symptom, a defense against castration anxiety by phobic avoidance of the female genitalia.

The dependency motivation is nonsexual and in the adult is an indication of adaptive failure. The wish to maintain the earlier mother-child relationship is projected onto other adults. The resultant failure of assertion, stemming from earlier inhibitions, is misinterpreted as a failure in the masculine role, and hence as a castration. Magical repair of this failure is based on the equation breast equals penis and consists of the magical incorporation of the penis through sucking or *per anum*.

The power motivation is a denial of weakness (dependency) in the nonassertive male and is acted out in homosexual relationships in terms of dominance and submission. The relationships are symbolically placed in a male-female contest in which the weaker male is forced to submit (as a woman) to the stronger male. This unconscious conception of power struggles between men derives primarily from œdipal rivalry and to a lesser extent from sibling rivalry. Fantasies of control and power through domination are a significant aspect of homosexual behavior.

These three motivational components are present in varying degrees in all homosexuals. The nonsexual motivations enhance and shape the psychosocial structure and mechanics of the homosexual relationship. A dynamic is estab-

lished in which any real or fantasied male contact, where power and dependency are motives, leads to a wish for homosexual gratification. Conversely, homosexuality inhibits assertion and strengthens dependency needs, or brings about the compensatory striving for power or a mixture of both.

The psychoanalytic treatment consists of interfering with this mutually reenforcing cycle by decreasing the intensity of all its components, with primary emphasis on the homosexual motivation and phobic avoidance of female genitalia. The simultaneous exploration of the patient's unconscious, fearful fantasies is essential but not an end in itself. The phobic homosexual must attempt heterosexual intercourse until successful in its mechanics and in the achievement of pleasure.

DISCUSSION: Dr. Aaron Stern summarized two major points, one explicit in terms of a theoretical psychodynamic construct, the other implicit in terms of the fundamental significance of learning relative to a given psychodynamic complex in successful therapy. The assumption that insight guarantees positive therapeutic results has not been corroborated by studies. The ego, rather than release of impounded drive flow, is the crucial agency in treatment. Dr. Stern questioned the methodology leading to formulation of the interactive system of the three basic motivational components as the etiological force in the psychic structure of the homosexual.

Dr. Lawrence C. Kolb noted that in the case cited neither the way in which the therapeutic change had occurred nor the actions of the therapist had been made explicit; he emphasized the need for changes in the superego and for the therapist to behave differently from past figures, thus helping the patient establish a different set of values. He assumed this had occurred in the treatment described by the authors. Dr. Aaron Karush spoke of the necessity for a self-rewarding system in setting new behavior patterns, emphasizing that identification with the analyst is crucial.

Dr. Ovesey restated that this is a formulation on psychodynamics, not on technique. It provides a therapist with an understanding of the unconscious motivations that impel the homosexual to flee from women and seek contact with men. Such an understanding enables the therapist to use emotional insight therapeutically.

HENRIETTE R. KLEIN

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The Fall Meeting of the AMERICAN PSYCHOANALYTIC ASSOCIATION will be held December 6 through 8, 1963, at the Commodore Hotel, New York City. The preliminary program includes four panel discussions, entitled: Prepuberty and Child Analysis; Some Aspects of Psychoanalytic Methodology; Theory of Psychoanalytic Therapy; and Repetition-Compulsion.

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The twenty-first annual meeting of the AMERICAN PSYCHOSOMATIC SOCIETY will be held at the Sheraton-Palace Hotel, San Francisco, on Saturday and Sunday,

April 4 and 5, 1964. The Program Committee invites interested persons to attend and to submit abstracts of original work to be considered for presentation. Abstracts should be limited to one, if possible, or at most two pages of double-spaced type. Those accepted will be printed and circulated to members of the Society prior to the meeting and will be available in San Francisco at a minimal charge. Abstracts, in eleven copies, should be submitted by December 1, 1963 to the Chairman, Carl Binger, M.D., 265 Nassau Road, Roosevelt, New York.

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Dr. Charles Fisher, a training psychoanalyst on the faculty of the New York Psychoanalytic Institute, was the ALFRED P. SLOAN VISITING PROFESSOR in the Menninger School of Psychiatry, Topeka, Kansas, from July 15 to August 15, 1963.

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The following officers have been elected by the SOCIEDADE BRASILEIRA DE PSICANÁLISE, São Paulo, Brazil, for 1963-1964: President: Prof. Henrique Julio Schlomann; Secretary: Prof. Lygia Alcántara do Amaral; Treasurer: Dr. Flávio Rodrigues Dias.

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CORRESPONDENCE

Dear Mr. Evans:

Your paper on Serendipity, published in THE PSYCHOANALYTIC QUARTERLY, No. 2, 1963, was sent to me by Dr. Arthur A. Miller of Chicago because I am known to have a special interest in Serendipity.

I write to call your attention to the definition from which you reached some erroneous conclusions and which led you to use the word Serendipitist improperly to describe one suffering from certain abnormalities.

You claim that the dictionary definition (which you fail to cite) is technically correct. My guess is that it is from the Oxford English Dictionary. Unfortunately, this definition is incompatible with the very etymology supplied by Oxford and therefore the definition is a distortion of the word invented by Walpole. This I will demonstrate.

The dictionary definition omits the essential component, *sagacity*. You correctly quote the gist of Walpole's definition on page 167 which includes it: discovery 'by accidents and sagacity of things which they were not in quest of'.

Without sagacity you do not have Serendipity; you concerned yourself with what is left. This residue could be anything you wish to call it—except Serendipity. Whatever the maladies suffered by your patients which led them to become helplessly engulfed in labyrinths of unimportant and unrelated miscellany, their discoveries are not the result of Serendipity nor therefore are they Serendipitists.

The correct use of the words Serendipity or Serendipitists is self-contradictory to the symptoms described above and as gleaned from your paper.

Nevertheless, you call this patient 'a confirmed Serendipitist' and describe him as a 'snapper-up of unconsidered trifles of knowledge'. Where is the sagacity? The words quoted appear on pages 165 and 166 and are verbatim from pages 1 and 2 of Beards by Reginald Reynolds (Doubleday, 1949). On page 168 of your paper, you cite Mr. Reynolds (for the first time) as your authority who described symptoms which you adopt as typical of a Serendipitist.

Who is this man Reynolds? You describe him as a humorist. But if you ploughed through his book beyond pages 1 and 2, you would doubt that he is. You would also find that his introduction was only a means of attracting attention by the use of a word, Serendipity, which was then (1949) even more exotic (or 'magical', to use his own adjective—see page 178 as noted below) than it is today. It is not a book on Serendipity. I checked the index to find and examine his treatment of the subject matter. What follows is his total contribution except for his introductory remarks on pages 1 and 2:

P. 52: Although indexed, no mention of the subject appears.

P. 53: 'Assessment of hair pulled from the roots. In a word, there is serendipity enough to drive a man mad, but not a word that I can find about fining a man for pulling another's whiskers.' No comment.

P. 116: For no apparent reason he entitled a paragraph: 'Mere Serendipity'.

P. 178: He includes 'Serendip' as one of a number of names he regards as 'magical' as 'Trebizond'.

P. 294: He gives an example of a custom prevailing in a distant island and concludes his book with: 'Significantly this island was none other than Serendip. *As they say in the movies, this is where we came in.*' This last deathless statement is his, the italics mine.

I read little of Beards other than the pages referred to, but what I read was fulsome enough to convince me that he had been successful in collecting as dreary a mass of trivia as ever was entrapped in a single book coming to my attention. For example: titbits about boiling corpses; the measuring of damages for the stealth or the wrongful death of a cat—with details; *ad nauseam.*

Mr. Reynolds is known for another collection of miscellany, running to three hundred pages, under the title Beds, also published by Doubleday. This is relieved only by a whimsical bibliography in which he cites all the books on the subject which he did NOT read. He has a noteworthy treatise on 'Water closets', indexed by this title on the Library of Congress card for his book, Cleanliness and Godliness.

You furnish better authorities and more appropriate examples of Walpole's splendid definition but with the denigrating comment that they were contrary to the spirit of the inventor. You refer to Professor Abbott's discovery of the Boswell Papers as being hailed as 'the most extraordinary example of serendipity in literature'. It would have been well to have furnished the citation for this statement. It looks fruitful.

Your quotation from Ernest Jones is not so illuminating as one from Sigmund Freud would have been; Jones did this in the sentence preceding your quote. The sentence is from the preface to the third English edition of The Interpreta-

tion of Dreams (which you state is Freud's major work), i.e., 'Insight such as this falls to one's lot but once in a lifetime'. This is the quintessence of true Serendipity.

I cannot argue with your psychoanalytic nomenclature since you are a psychoanalyst and I am not. But you cannot play Harry with an important word about which you are misinformed and which could set a dangerous precedent if incorporated into your professional nomenclature by a perverse act—resulting in an antonym of Serendipity.

I do find fault with some of your logic. You say your unfortunate patient learned Hebrew in order to understand the private conversations of his parents which took place in Yiddish. Maybe it is not your logic which is awry—but there is as much in common between Yiddish and Hebrew as there is between Walpole's Serendipity and Reynolds' concept of what constitutes a Serendipitist. In Hebrew and Yiddish the alphabet is the same. Almost all the letters appearing in Walpole's Serendipity are found in Reynolds' word Serendipitists. Many Hebrew scholars and most Sabras do not understand Yiddish. I could not communicate with such people while in Israel a number of years ago. I have but a smattering knowledge of Hebrew and I thought I could rely on Yiddish. The roots of Yiddish are mostly Germanic.

Instead of a psychoanalytic approach to the word Serendipity, it may be that an examination of the Walpole enigmas with relation to that word could constitute a new and useful contribution not only to your profession but to general literature as well. I offer these for such an examination:

1. Walpole's apparently faulty memory of details he tried to recall of one of the many stories in a collection entitled The Three Princes. He recounted it with numerous errors and omissions in his letter to Mann. He read a French translation (di Mailly, 1721, Amsterdam) of the Italian collection published in Venice in 1557. (See Paget Toynbee: Walpole Letters, Vol. 2, Supp., p. 93. See also Horace Walpole's Correspondence, edited by Wilmarth Sheldon Lewis, Yale, Vol. 20, p. 407, fn. 3, and Appendix II.) Lewis does not share your low opinion of Serendipity nor has he ever expressed any irony with which Walpole allegedly viewed the tales of the three princes or his definition. To the contrary, see Mr. Lewis's autobiography, Collector's Progress, pages 236, 240, and 241, to learn his opinion of the awe-inspiring implications of Serendipity.

2. Walpole's failure to supply connecting links to support his conclusions that the princes' gifts constituted Serendipity as defined by him.

3. Walpole's unwarranted appellation of 'silly'. It might be helpful to indicate that there may be some connection between the use by Walpole of a mechanism from one of the tales of The Three Princes for his own device to get his Castle of Otranto started. It should be remembered that the Castle was the first great Gothic or murder mystery in English.

The Walpole enigmas, however, do not diminish his contribution to the English language—his splendid definition of a word he invented.

A scholar would find that the tales are not silly. They have been the subject of study and research by German scholars since 1583 when Johann Wetzel translated and commented on them. The Sanskritist and philologist, the eminent Theodor Benfey, in the nineteenth century made a learned but incomplete

study of them. Imagine this—scholars, including German scholars, in 1932 commemorated (safely in Helsinki, to be sure) the fiftieth anniversary of the Jew Benfey by compiling a *Festschrift* (Folklore Fellows, Communication No. 98) completing the Benfey study. Silly indeed!

Your brave but erroneous use of the word Serendipity will not meet with much enthusiasm from your brethren who respect Jones and revere Freud. I strongly suspect that you did read Dr. Walter Bradford Cannon's autobiography since you mention the Saul incident, which is familiar as an example attributed to Dr. Cannon. The enthusiasm for Serendipity by the medical profession is so great that in a single issue of the Journal of The American Medical Association (December 21, 1957) there were two articles and an editorial on the subject. Recently the Archives of Internal Medicine had an editorial on Serendipity, and the January 1963 issue of the Illinois Medical Journal contains a paper on the subject.

In conclusion, remember Serendipity is Walpole's word. Since he invented it, it is wrong to confuse others with any substitute definition. Walpole's concept was magnificent. With great economy he defines an age-old baffling phenomenon.

THEODORE G. REMER

Chicago, Illinois

Dear Mr. Remer:

Although Walpole invented the word serendipity, he did not exactly define it: 'you will understand it better by the derivation than by the definition'. He then tells his little story. So everything depends on how you interpret it. It is my contention that if you take it seriously it is quite absurd. Who could possibly be interested in the activities of this one-eyed mule? And why commemorate such a discovery?

But if you perceive the irony of it, then this 'silly' little fairy tale springs to life. And this is the whole point. It is an exceedingly ironic comment on those who constantly allow themselves to be deflected from the important and devote their intelligence and their time to matters which are relatively unimportant, things which are trivial, amusing, or out-of-the-way—what, in fact, we call 'curiosities'. A two-eyed mule is useful but a one-eyed mule unusual. And at this point we have arrived at caricature for this is the only sample we are given of the princes' accidental discoveries. The story tells us much of the mentality of the collector: its wit is in its brevity.

Never once in this letter did Walpole even hint that the methods of the princes should be regarded as a paradigm for scientists. But there is a hint that this is a paradigm for collectors who are always making discoveries accidentally. And Walpole uses the story in order to introduce his item of news: he has come upon a Venetian coat of arms. If you miss the irony you miss the point. But there is more.

Why did he call this story 'silly'? You explain his use of the word in terms of his errors and omissions and his apparent faulty memory of his sources. But

we are only concerned with the story as he told it, for that is the version he called silly.

Why did he? Here is my answer, a psychoanalytic one, but none the worse for that. Having told this ironic little story—a cartoon if you like—this 'masked gentleman' caught a fleeting glimpse of himself and he responded to that flash of insight with the word, silly. You will recall Macaulay's judgment of Walpole: 'The conformation of his mind was such that whatever was little seemed to him great, and whatever was great seemed to him little. Serious business was a trifle to him, and trifles were his serious business.' And again: 'In everything in which Walpole busied himself, in the fine arts, in literature, in public affairs he was drawn by some strange attraction from the great to the little and from the useful to the odd'.

I have said that Walpole momentarily saw himself in the portrait of the three princes. Macaulay would also agree: 'He had, it is plain, an uneasy consciousness of the frivolity of his favorite pursuits'. And Walpole himself? In his letter to Conway (August 18, 1774), he is ironical at his own expense when, with his tongue in his cheek, he calls himself the greatest philosopher in the world, 'without even having thought of being so: always employed and never busy; eager about trifles and indifferent to everything serious'. Why the defensive irony? Defensive against what? I would reply, against a still small voice that said to him, 'you are no different from the the princes in the fairy tale', who, you will remember, were always applying their gifts to the accidental discoveries of things they 'were not in quest of'. And no doubt Walpole would be reminded of his increasing obsession with his museum of curios in Strawberry Hill.

What, then, was Walpole in quest of? This man of talent enters politics but he could never be the formidable prime minister—with all his faults—that his father had been; not even a smalltime politician if, as Macaulay said, he was more interested in lath and plaster than the results of the Middlesex elections; and still less a great statesman if, as Macaulay said, he cared about 'a miniature of Gramont more than about the American Revolution'.

Where could this highly gifted man have reached his full stature? You have only to glance at the letters to get the answer. Here was a superlative writer with a shrewd eye for the foibles and hypocrisies of that leisured, elegant society he knew so intimately. Perhaps he might have become the great ironic novelist of his century. We know that he had conflicts about writing, regarding himself as an amateur. What prevented him? I think the answer is in that little cartoon, as I regard it, in his ever-increasing passion for collecting curiosities. Strawberry Hill, that strange curiosity shop, became, I think, his substitute satisfaction, his consolation prize.

In order, then, to understand serendipity, one needs to know more of the mentality of the connoisseur and the collector: for this obsession with what Chesterton once called 'tremendous trifles' can crowd out every other interest in life so that eventually one is left with a dilettante.

And now about 'accidents'. That is commonly the way a collector makes his discoveries and is indeed part of the pleasure. But it is not the way a scientist makes his. Facts do not of themselves fall into ordered patterns. In-

sight must be brought to bear on those facts, and that is no accident. Ernest Jones, in discussing Freud's Psychology in 1910, put it very simply: 'Psychical processes are never isolated or accidental phenomena, but are as precisely related to preceding and succeeding ones as are successive physical events; there is no more room for "chance" in the mental world than in the physical one'. Apples have been falling ever since Eden but it was no mere chance that Newton 'fell into a speculation on the power of gravity' and then asked himself this daring question, 'why not as high as the moon and, if so, her motion must be influenced by it'. Freud also speaks of the 'chance opportunity' he had to observe a child's play. But the insight he brought to bear was no accident: you will find the reason in the long train of thought that had preceded it over many years.

On the other hand, if you reject the principle of psychic determinism, how are you to explain these sudden insights? Why not call them accidents—no better than a slip of the tongue? And what have you said of the man to whom the honor is due? He was lucky. I find it hard to believe that such is your point of view.

Now concerning this sort of scientific discoveries to which Walpole's word has applied, you will agree that a classification is not an explanation—unless you include the concept of 'accident' in your classification, in which case there is nothing to be explained. But if you set out to find out why the discovery *appeared* to be accidental and what factors are involved, then a whole field of investigation is opened up. How far is it possible that a scientist may have known the answer but without knowing that he knew, i.e., it was repressed. Why, after asking his profound question, did Newton put the matter aside for twenty years? One could go on.

You use the word abnormality. I think it would help if one remembered that normality is a mental concept and that nothing is gained by dividing people into normal and abnormal. It is all a matter of degree, and this I emphasized in my paper: in some instances the deflection may be slight, in others crippling. In fact, there is something of Walpole in all of us.

W. N. EVANS

P.S.

I thank you for your correction and your explanation of the differences between Yiddish and Hebrew.

About Mr. Reynolds: if a writer is ironical and you are unaware of the fact, then what he says may sound absurd. But in this instance the publishers were kind enough to provide a helpful blurb warning the unwary of this writer's 'dead-pan, mock-serious scholarship'. The point about his satire on 'the perils of Serendip' (page 1) is not to be found in checking the index, but in the structure of the book. He stumbles on a pedantic statement in a learned journal when he was 'marooned' on the Isle of Serendip, which for him is the reading room of the British Museum. He sets out to investigate it. In doing so he travels through all the byways of pedantry and displays all the curiosities which he had discovered 'by accidents', etc. In the last paragraph he brings you back to Serendip. The whole book is an exercise in self-irony for he, too, had read the little fairy tale and seen a reflection of himself: but he does not

repudiate what he has seen for he knows that he suffers from 'this incurable disease'. Jesters often perceive truths that are denied to princes, and this one knew what Walpole meant when he emphatically stressed that one condition without which no man can qualify as a serendipitist: you must never find what you are looking for.

Chester, England W. N. E.

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